MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 01823 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. SIATE Maryland . COUNTY Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 Batimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 1329 Cambria Street Knollwood Manor Nursing Home YES NO A 3. NAME OF Middle 4. DATE Month Year DECEASED February 17 Pauline Anderson Emm a 69 (Type or print) DEATH 9. AGE (In years last birthday) 84. year IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months June 6, 1884 Female White WIDOWED X DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Baltimore, Maryland Retired Saleslady Department Store 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augusta XXXXXXXX Frederick ZXXXXXXXXX Landin Zielke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1329 Cambria St. (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Arvid H. Anderson INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (cl.) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour 'o.m. foctory, street, office bldg., etc.) Not While of work 21. 1 certify that (1) (this hospital) attended the deceased from Jan. 16 , 169 , to Feb. 17 , 19 69 that (I) (we) last saw the deceased alive an Reb. 13 1969 , and that death accurred at _____M, fram causes and an the dote stoted above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING Y 2/19/69 DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Ray M. Smith, M. D. Prof. Bldg., Box 895, Severna Pk 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Bethel Cemetery Odenton. Md. A. A. Co. ADDRESS 25o. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Ochemian

237 Patapsco Ave.

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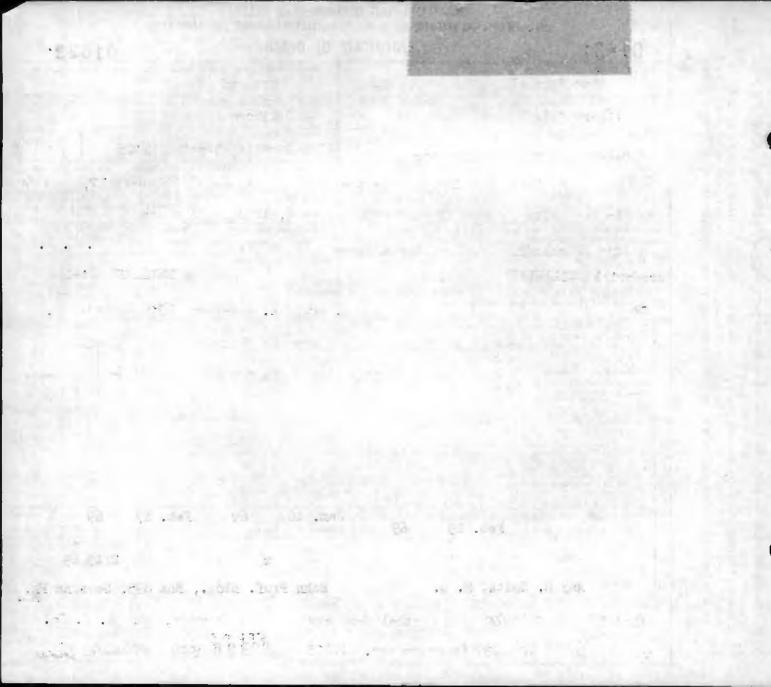
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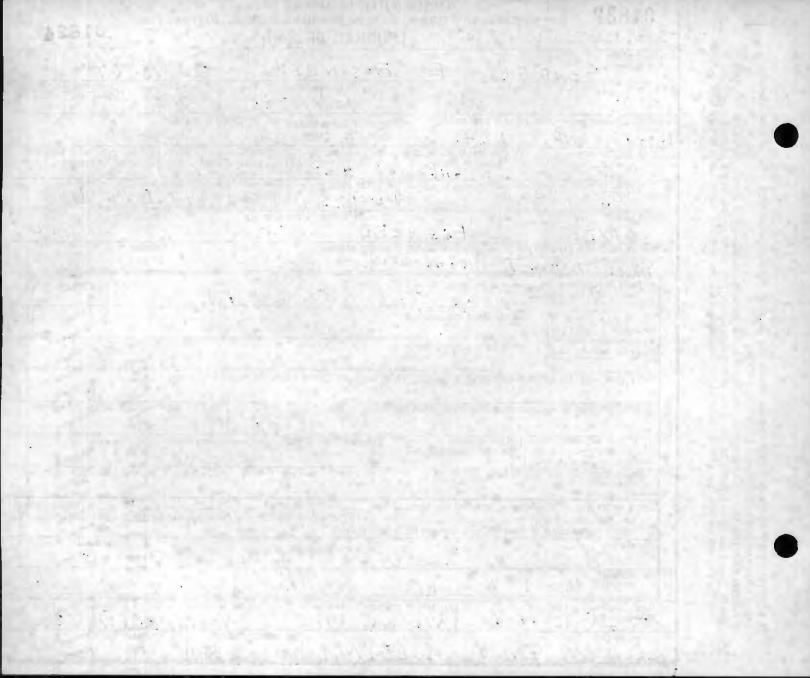
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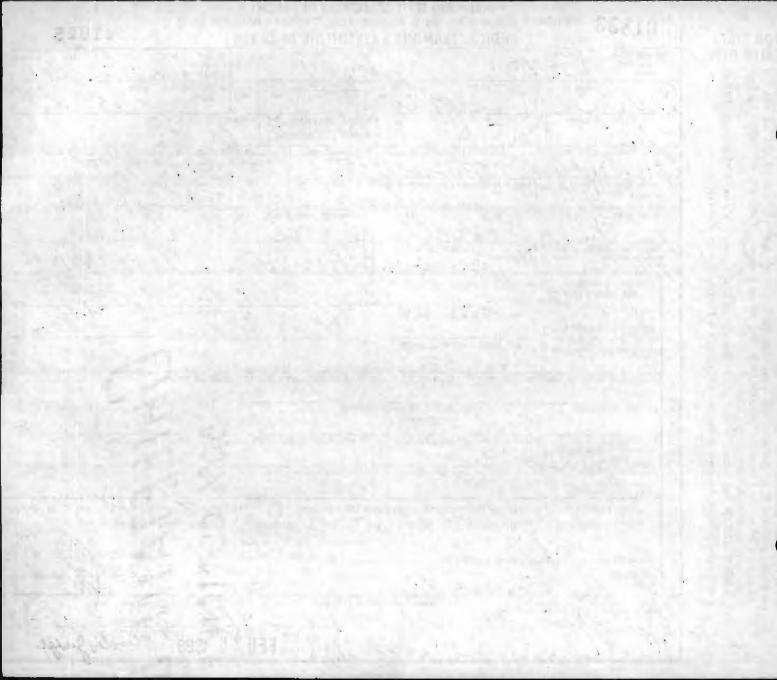
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page 1 and 2 hours of the death should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	CERTIFICATION	190. DATE OF OPERATION 191	. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 200. AU YES [6.0	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIF	YING
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30M REV. 1/68	1	amer M.	Trelas	·Bal	w.Md.	DATE ET 1	9 1969 HOlen	la Judge	



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FOR STATE	1 0	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DI	DECEASED-NAME First Month Type or Print) LOST DEATH MATED Z 20. DATE KNOWN Month OF ESTI- DEATH MATED Z	Day Year 2b. HOUR
deloy is and 3 to M3 Pag	9	Male 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month 2 Day 2	3 Year 1969 P
I, 2, m Pl	7a. A	BIRTHELACE (State of foreign 7b. CITIZEN DE WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1223 23
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hours after death them 18. Give Pag Office along with land 2 with the Staffer death.	13a.	USUAL RESIDENTS (Where deceased lived, if institution) Residence, before 132 DY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	04
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within 24 pencipiers Exeminer's File pages	16a. (y	WAS DECEASED EVER IN U.S. ARMED FORCESS/ Ves 10, or Junknown) (If yes give war or dotes of service) 214-85-092-W. U.S. ARMED FORCESS 214-85-092-W. U.S. ARMED FORCESS/ 214-85-092-W. U.S. ARMED FORCESS/	a. Mcl.
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his certificate, writing e forword be used o removol,	CERTIFICATION	, 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Th iffico d be d be	MEDICAL CERT	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	n 1B.)
the the ur fur fem 3 pe 3 pe 3	MEC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, while at work At Wo	County State
5 5 5 5 A		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry	and in my apiniar
ase irrecto oined IREC to b		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner (
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI EVA MINER'S DEPUTY MEDICAL EXAMINER 27	3/69
000000000000000000000000000000000000000		NAME (Type) E-Linbprest. ADDRESS(Street, city, town, ar county)	ARTO.
07 = 4 × 01 +	230.	BURIAL (REMATION, 23b. DATE 234 NAME OF CEMETERY OR CREMATORY 23d (QUATION (City or Town) PRIMOVAL (Specify) 21 27 69 BLEWELH ILL (CITY) OF TOWN	(County) State)
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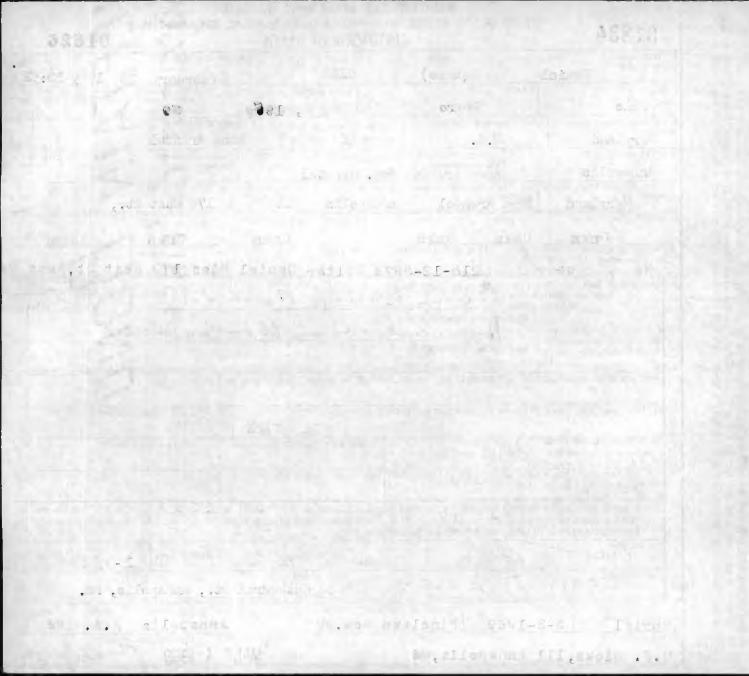
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.E. Hicks, 111 Annapolis, Md

25b. REGISTRAR'S SIGNATURE

MAR

DATE



01835

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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3. 51	EX	202 011	4. RACE				S. DATE OF	BIRTH	1 24	6. AGE (In year	5	IF UNDER 1 Y	FEAR IF	UNDER 2	24 HRS
	Female			Whit	e		May :	14, 188	0	lost birthday)	YRS.	MONTHS	DAYS	IOURS	MIN
7o.	8IRTHPLACE (State ntry) Oklah	or foreign	7b. CITIZEN	U.S.		WIDOWED		DRCED		F DEATH Arundel					Md
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13a. odm	USUAL RESIDENCE isssion) STATE Ma	(Where dece	osed lived, if i	nstitution: R NTY Arur	esidence before		polis	YESKA N	13e. 5 0 2	TREET AND NUMBER OF Claud					
14.	FATHER'S NAME	First John	Mic 1	idle	lost Tucker			MAIDEN NAME I	irst aralee	Midd		Scott		Lost	
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MEDICAL CER	21a. ACCIDENT V OR CONTRIBUTING (If either, natify	medical exam	ATH HOUR	P.M.	nth Day Year 19					ory in Part 1 ar Pa	ort 2, 1	tem 18.)	14		
M	21d. INJURY OCC While Not v at work at w	rork			ME, FARM, STREET, FACTO BUILDING, ETC.					y or Town		County		Sto	
	22a. I certify saw the couses: 22b signature	that (I) (t deceased stated above	alive on	(did) (did r	not) view the b	ody after	death.	ny) (our) o pi	nion deoth	occurred on the	e do	te ond he	our on) (we d from	lost n the
230.	BURIAL CREMATI	Richa	rd I.		an, M.D.		22e AD 16 1	DRESS		PHYS. U Annapoli ON (City or Town)		Md.	/0	(State)	
24.	REMOVAL (Specifical FUNERAL DIRECTO	F. Ga	eb 22, sch's		Cedar II			2So. CO		land Ar		Arun	del	1	Md

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 hours after death. In a state Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15

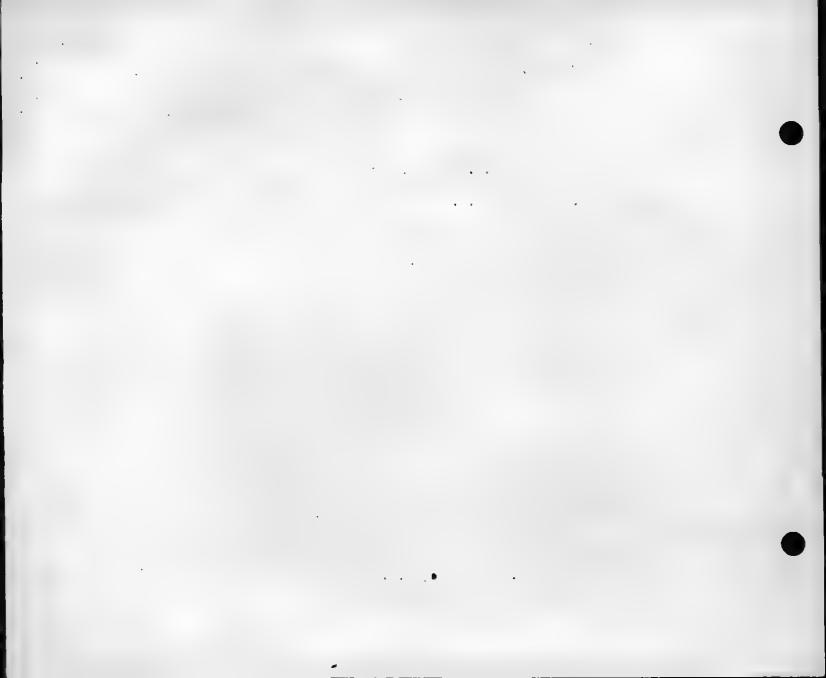
within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exiguted.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01837 CERTIFICATE OF DEATH 01829 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death-certificate be executed within 24 hours after death. signed by the attending physician and completely fitted in by the funeral burial-transit permits. Then please remove carbon popers. Pages I and 2 burial, cremation, or removal, and in any event, within 72 hours after death. 2b. HOUR Month 2H (Type or print) Year JOHN JOSEPH BROWN 7969 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF LINDER 24 HRS last birthday) MONTHS I DAYS HOURS Male White 7a. BIRTHPLACE (Stall) or (roreign 76 CIT ZEN OF WHAT COUNTRY? MARRIED [NEVER MARRIED] 9. COUNTY OF DEATH Country 1 1 44 CD AACo USA WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) Annapolis 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INS DE CITY JIM TS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Md 476 Defense 14. FATHER'S NAME M.ddle IS. MOTHER'S MAIDEN NAME First Last Lost KOLP 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

MS DCandial BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) MASLUD rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F YES 🔲 be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. NJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1965, and that in (my) (our) opinion deoth accurred on the date and hour and from the causes stated abave, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE director, page shauld be filed 22d PHYSICIAN S 22e. ADDRESS NAME (Type) Robert O. Biern. M.D. 121 Cathedral St., Annapolis, Md. 230 BURIAL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((ounty) (State) BIREMONAD (Specify) 24 FUNERA, DIRECTOR 250 REC'D BY REG STRAR VR A15 (4) 3 Hardesty Funeral Home Annapolis, Md. 2140 DAKAR

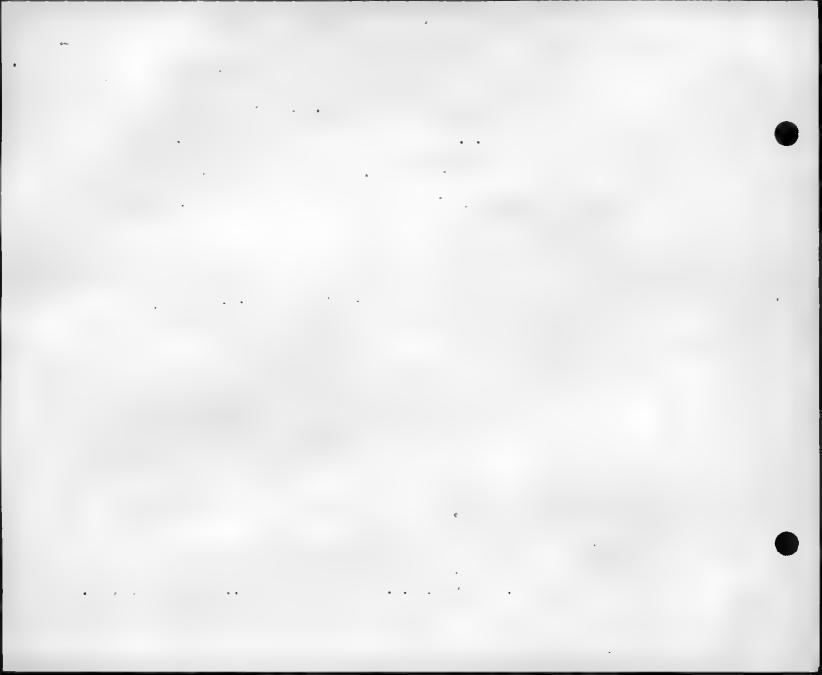
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01830 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 2a DATE KNOWN Year 26 HOUR (Type or Print) EST1-Conster 169 DEATH MATED IE UNDER 1 YEAR JE UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE flo years 2c DATE PRONOUNCED DEAD 2d HOMR 6 purhdey) Feb. 1900 7o. BIRTHP_ACE (State or foreign 7b CIT-ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Wash. D.C. with the State Do US. Anne Aron del. (10 DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 24 hours after death Fdyow Atek 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE 13b. COUNTY Edgewater after 14 FATHER'S NAME Richard A. Burton Sadie J. Burton 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 3 Box be executed within pencil (Yes, na, ar unknown) 578-24-8935A Mrs. Mildred A. Burton 147B Edgewat File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chelering Canditians, if any, which gave rise to immediate cause (a). This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) D SO remaval 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 215, LOCATION Street or R. F. D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection -Inquiry and in my opinion death resulted from Natural causes Accident . Suicide . Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 may O FUNE Health ADDRESS(Street, city, tawn, or caunty) NAME (Type) 23a BUR AL CREMAT ON, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) Suitland. Maryland Oedar Hill Cemetery 24. FUNERAL DIRECTOR VR A15ME (5) DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01831 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2o, DATE OF DEATH 2b. HOUR (Type or print) BAB BYUS February XA2 E 5 DATE OF BIRTH & AGE (n years IF UNDER 24 HRS F JNDER 1 YEAR lost birthdov) MONTHS Feb. 1969 Male White YRS and in any event, within 72 hou 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED XX (ountry) Maryland U.S. arban paper WIDOWED [DIVORCED [Anne Arundel and perhappetely filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Annapolis give street address) during most of working life, even if retired \ INDUSTRY Anne Arundel Gen. Hospital Newborn 130 USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c CiTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland remove, Severna Park Rt-1. Box 125 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Middle Lost requires that the death certificate be attending physician prepared 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO (4) yes give war or dates of service) Yes, no, or unknown) burial, crematian, ar remaval, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) BETWEEN ONSET AND DEA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) signed by the burial-transit p rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. at Health priar to 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 12-5, 1967, to 12-6, 1967, that (I) (we) last saw the deceased alive an 12-6, 1967, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATORE/ 22c DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Charles B. HahnProfBldg., Severna Park, Md. Harrove. 23b DATE 2-7 CEMETERY OR CREMATORY DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01832 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME 2a. DATE KNOWN Year (Type or Print) MARGARCT OF ARRO DEATH MATED (6 AGE (In years oF JINDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 4 RACE 5 DATE OF BIRTH 5-10-1881 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH HANE PRONDE 1. Coon 16 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Office olong with during mast of working the even if retired) 13e STREET AND NUMBER 13a. USUAL RES DENCE (Where deceased lived, if institution: Residence before 13g_CiTY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY JULN BURNIN This certificate shauld be executed within 24 hours ond 2 14. FATHER'S NAME Middle GEKS should be forworded to the Chief Medical Examiner's INFORMANT ADDRESS (Yes, no. or unknown) permit. File AREROX MATE INTERVAL PART I DEATH WAS CAUSED BY Canditians, if any which gave nse to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION pe nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON 20 AUTOPSY? WAS PERFORMED? pleose execute the certificate, YES 🗍 NO. 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should 21b TIME OF INJURY Month, Day, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: CAUSE OF DEATH 21d NULRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town State County factory, affice building, etc.) O FUNERAL DIRECTOR: Page Health prior to burial, crem WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 17 Inquiry 17. and in my opinion Natural causes Accident . Suicide Undetermined manner death resulted from Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 🔀 **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type) 23a BLRIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Burial (Specify) 2/24/69 Glen Haven Memorial Pk Glen Burnie, A. A. Md. 24. FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 2Sb. Raymond C. Fink Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



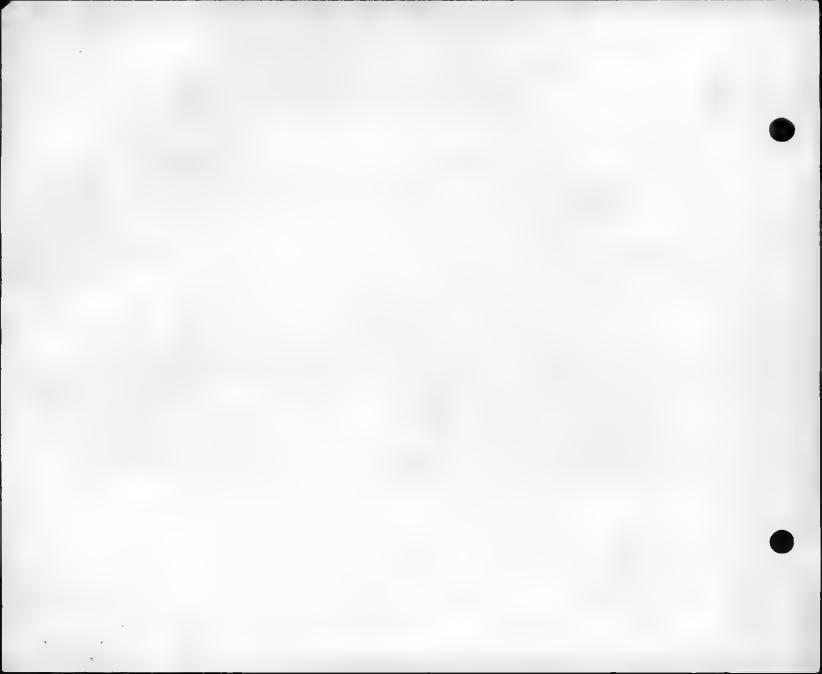
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01833 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH 1. DECEASED-NAME East 26. HOUR Month (Type or print) auka 3. SEX 4. RACE 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS last birthday) MONTHS HOURS -2-18 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind at wark dane 12b KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY give street address 13a USUAL RESIDENCE (Where deceased lives), if institution. Residence before 13c CITY OR TOWN 4 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 36. COUNTY YES NO 14. FATHER'S NAME .S. MOTHER'S MAIDEN NAME First Middle Middle Last 166. SOCIAL SECURITY NO 17 INEORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes quit war or dates of service) Yes, na, ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN CHISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART If of 19¢ DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO -2 a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY \ 21f LOCATION Street or R.F.D No. State City or Tawn County While Not while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased from ______ saw the deceased alive an 2-6-1969, and that in (my) (aur) apimon death accurred on the date and have and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYSICIAN'S 22n ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY #3d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) Baltimore Md

REGISTRAR S SIGNATURE

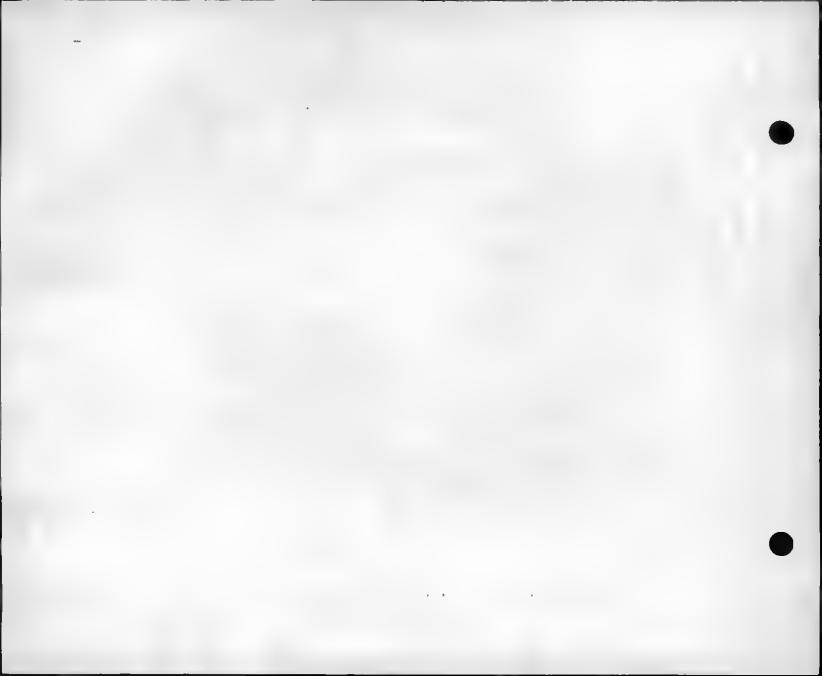
executed within 24 hours after death. and completely filled in by popers. within remove corbon ond in ony event, please physician or removal. hen requires that the Leath cremation, burial-transit signed by O FUNERAL DIRECTOR: After this certificate hos been ihe ihe use 101 4 may be retained director, page 3 should should be filed with the

24. FUNERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01842 01834 CERTIFICATE OF DEATH 2b. HOUR A DECEASED-NAME Middle Last 20. DATE OF DEATH First an error completely filled in by the funeral ose remove carban papers. Pages 1 and 2 nd 2017 author 72 haufs ofter death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 Month 27 (Type or print) LO: 45m Rose Cavanuagh 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 MRS. lost withdoy) White Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) and an and event, within 72 h Anne Arundel USA DIVORCED [WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if religed) INDUSTRY the attending physician and completely fish permit. Then please remark carban Glen Burnie 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE IVI YES Sunnybrokk Drive Glen Burnie 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Lost maring 17. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) (II yes give war ar dates at service) 18 CAUSE OF DEATH (Enter only one couse per ane for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove } rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couses lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES NO I of Health 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) extended the deceased from 2-26, 1967, ta 2-27, 1967, that (I) (we) last saw the deceased alive an 2-27-1969 and that in (my) (aur) apinion death accurred on the date and haur and from the director, page 3 shauld shauld be filed with the causes stated above. (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22p. ADDRESS 22d PHYSICIAN'S NAME (Type) (Stote) 230 BUR AL, CREMATION REMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH



_ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	01843 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3.5
HEALTH DEPT	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day Year	
of ge of	(Type or Print) CHARLES LIONARD CHANE! OF ESTI-	
delay ii and 3 to M3 Pago	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD lost bythday) 38 YRS HOURS MIN. Month 1 CO Day / Year 19 C	2d HOUR
form to be been	70. BIRTHPLACE (Stote of foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY? WIDOWED DIVORCED A A COUNTRY?	Md
deorth with se Sto	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.) 12 USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.) 1 INDUSTRY	SUSINESS OR
2018 宝龙山	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE 13b COUNTY / YES NO 2	
24 hours of in Item 18. is Office all se I lond 2 w	0 41/4/2011	Lost E
INER: This certificate should be executed within 24 certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit File pages ation, or removal, and in any event within 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 17 INFORMANT	ed .
xecuted validing" in Medical Experimit Films fil	PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY	MATE INTERVAL ISET AND DEATH
be executed "pending" in nief Medical E ansit permit F event within	Conditions, if any, which gave)	en
This certificate should be executed cate, writing the word "pending" in be forwarded to the Chief Medical E I be used os o burial-transit permit for removal, and in any event within	rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF ast.	
certificate should writing the word rwarded to the Clased os o burial-transval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate, writing be forward of the used of or removal.	19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTO YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
INER: This e certificate. should be fo files. 3 should be until the certification, or remarked.	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR COURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.) PRIMARY OR COURRED (Enter nature of injury in Part 1 or Part 2, Hem 18.) HOUR A.M. 19 21d. NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street.) 21f. LOCATION Street or R. F.D. No. City or Town County	
	21d NJURY OCCURRED WHILE NOT WHILE AT WORK AT	State
CAL E execu or. Pag d for TOR:F	death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner	my apinian
o DEPUTY DIC. necessory, please ethe funeral direction smoy be retained o FUNERAL DIRECT Health prior to bu	ACTUAL SIGNATURE	
TO DEPUTY necessory, F the funeral S may be r TO FUNERAL Health price	EXAMINER'S NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County)	(State) /
2	REMOVAL (Special) 236 BORRET OR CREMATORY 236 BORRET OR CREMATORY 236 BORRET OR CREMATORY 237 PARTIE OF CEMETERY OR CREMATORY 238 BORRET OR C	الماراة الماراة
VR A15ME (4)	DATE FEB 18 1969	the state of the s



TO FUNIKAL DIRECTOR: After this certificate has been signed by the attending playsking and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

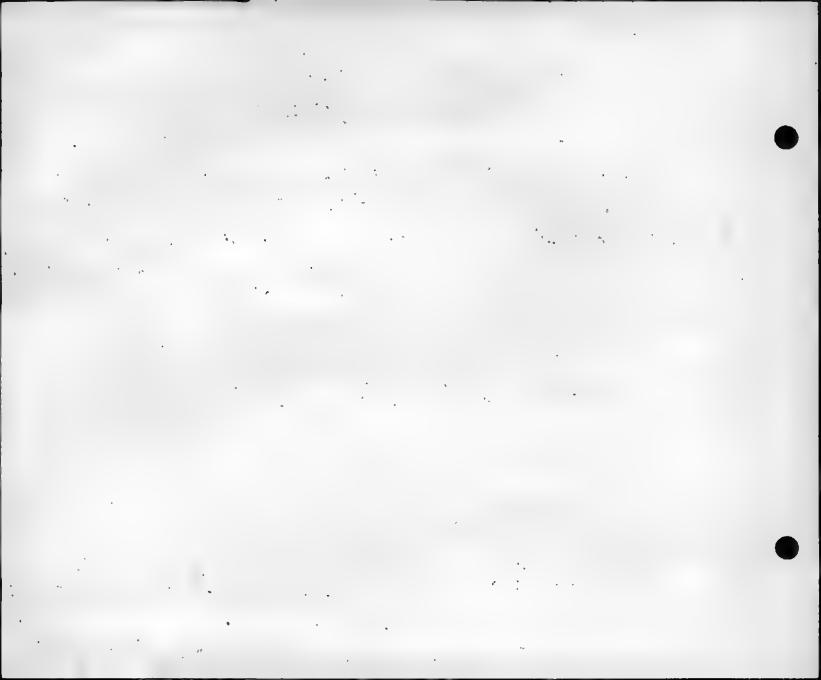
Pag≡ 4 may b≡ retained by the Laspital ≡r attending physician.

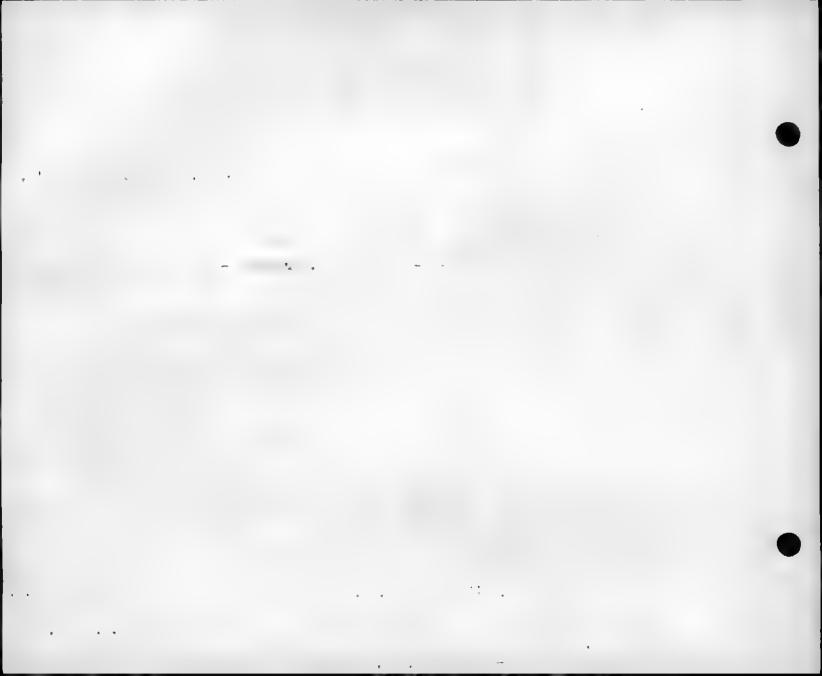
VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH
1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR 25. HOUR
(type or print) Picolla (Picco A) Cook 22 22 69. 53 A.M
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years if UNDER 1 YEAR if UNDER 24 MRS last birthday) MONTHS DATS MOURS MIN
F Negro 10/44/19/1 57 YRS
70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
COUNTY North Carolona USA WIDOWED DIVORCED ANNE Arunde Co- Md
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I to even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working I to even if retired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I to even if retired.) 122. KIND OF BUSINESS OR INDUSTRY
130 USUAL RES DENCE (Where deceased used, it institution: Res dence before 13c of TY OR TOWN 13d INSIDE CEV LIMITS? 13e STREET AND NUMBER
admission) MAN, WE COUNTY - BALTIARDIC YES NO B21 EAST Chase ST.
14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
(Dec.) Alfred INMAN EMMAtere
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give wor or dates of service) 16b SOCIAL SECURITY NO. 17. INFORMANT Address Address
NO , Walter CON SLIE CARSE & WIT NO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Core Proviscular audient
45/0 DUE TO, OR AS A CONSEQUENCE OF
conditions, if any, which gave the sure interesting from the sure inte
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
lost (1) Squere hyperlangen
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
2 were analyse method in their his Land 5 Low .
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 2, Item 18)
YES NO Y
☐ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Part 2, Item 18) 3 ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Yeor
tir eriner, nonly medical examiner) F.M. ly
21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State
While Not while of work OFFICE BUILDING, ETC
22a. I certify that (I) (this hospital) attended the deceased from 1967, and that in (my) (aur) apinion death accurred an the date and haur and from the
causes stated abave, (1) (we) (did) (did nat) view the body after death.
22b. SIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED / STAFF
Wick Moutson DEGREE ATTENDING DIRECTOR DIRECTOR DIPHYS. DI 2/22/69
22d PHYSICIAN'S NAME (Type) NICK P-MOUTSOS 220, ADDRESS CHOWNSHIPE State Hosp, Crownship Al
230. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
REMOVAL (Specify) - 2/26/69 MT. (A/UAry A.A.Co.,
24. FUNERAL DIRECTOR 256. REGISTRAD'S SIGNATURE 256. REGISTRAD SIGNATURE 256. RE
MORTON + DIRTY 1701 HAURENS DATE FEB 2 4 1969 GUARDES JUST





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01839 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH death. 2b. HOUR executed within 24 hours after death and campletely filled in by the funeral (Type or print) JO Yeor Dov 72 havrs aftel d 3 SEX 4 RACE 6 AGE (In years lost birthday) S. DATE OF BIRTH IF JINDER 24 HRS IF UNDER I YEAR MONTHS HOURS To, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH B MARRIED TO NEVER MARRIED country) WIDOWED F DIVORCED [event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION ((Enot in hospital 120 HS.JAL OCCUPAT 12b KIND OF BUSINESS OR gaye street address) INDUSTRY emave carban 130 USUAL RESIDENCE (Where declared lived, if institution Residence before 13c. CITY OR TOWN -NSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY crematian, ar remayal, and in any 14. FATHER'S NAME /M.ddle Lost Middle Lost pe please, requires that the death certificate Voo. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. INFORMANT (It yes give wor or dates at service, Yes, no. or unknown) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial transit rise to immediate cause (a), þ DUE TO, OR physician. stating the underlying couse signed l burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending this certificate has been as the prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 should be detached far use should be filed with the State Dept. af Health p YES [NO [210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County Stote While Not while ot work L ot work FUNERAL DIRECTOR: After 22a I certify that (I) (this hospital) attended the deceased from. saw the deceased alive an and that in (my) (aur) opinion death accurred on the date and haur and from the couses stoted above, (1) (we) (did not) view the body after deoth. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d. PHYS CIAN 22e, ADDRESS JRIAL, CREMATION, 23b. DATE 23 - MANY OF CEMETERY OR CREMATORY LOCATION (City or (County)



MARYLAND STATE DEPARTMENT OF HEALTH 01847 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01840 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH death. executed within 24 hours after death and and campletely filled in by the funeral remave carban papers. Pages 1 and nony event, within 72 havis after deat (Type or print) 3 SEX 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR last bighday) MONTHS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) please remave tarban papers. WIDOWED D-VORCED [104 CITY OR TOWN OF DEATH INDUSTRY bur al, cremation, ar remayal, and in any event, 130. USJA. RESIDENCE (Where deceosed lived, if institution Res dence before 13d INSIDE CITY LINUTS? odmission) STATE 14 FATHER'S NAME MOTHER'S MAIDEN NAME First M ddle £as! Middle 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar Jnknown) (If yes give war or dates of service) attending pny. 18 CAUSE OF DEATH (Enter only one cause per line (enter), (b), and (c))
PART I. DEATH WAS CAUSED BY law requires that the leath IMMEDIATE CAUSE (a) Conditions, if any, which gave burial-transit rise to immediate cause (a), signed by DUE TO, OR AS CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED Kinter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 218, EOCATION
OFFICE BUILDING, ETC Street or R F D No City or Town County State White Nat while of work 22a. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased drive on ___ couses stated above, (I) (we) (did) (did not) yiew the bedy after death 22c DATE SIGNED PHYSIC AN'S 22e ADDRESS NAME (Type) 23b DATE OF CEMETERY OR CREMATORY LOCATION (City or Town) DIRECTOR 25b VR A15 (4) DATE FEB



24. FUNERAL DIRECTOR

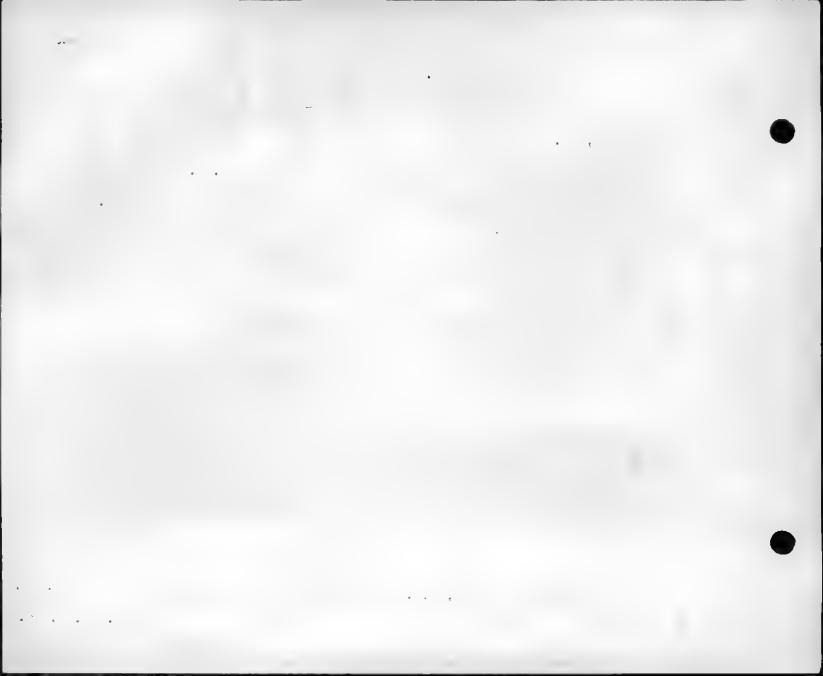
Md.

250. REC'D BY REGISTRAR

DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01841 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR death. law requires that the death certificate be executed within 24 haurs after death and (Type or print) Charles Davia 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) 1-30-1 Male Caucasian 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Baltimore, Md. Anne Arundel County United States WIDOWED [DIVORCED [Filed 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (of not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Arundel during most of working life, even if retired.) INDUSTRY Glen Burnie by the attending physician and completely ransit permit. Then please remave corba event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Route 1 admission) STATE Maryland YES [NO V Glen Burnie Marley Neck Rd. Box 124 Arundel 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME **E**'est Middle Lost Last Berg Davis Charles 17 INFORMANT Gler Burnie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na. ar unknown) (If yes give war or dates of service) Mrs. Myrtle N. Davis Box 124 RouteX 1 ar removal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) } . BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ITO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔽 21o. ACCIDENT WAS UNDERLYING 2)c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, natify medical examiner) be detached 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT NOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (!) (this hospital) attended the deceased from 12 , 1960, to 1969, that (!) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive an 1964, and that causes stoted obove, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS **ATTENDING** r, page 3 be filed DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S NAME (Type) 707 Old Annapolis Road, Glen Burnie, Md. director, shauld be 23c NAME OF CEMETERY OR CREMATORY
Glen Haven Memorial Pk Glen BurnielMd. (County) (State) 23a. BURIAL, CREMATION. REMOVAL (Specify)
Burial 2/10/69 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** Patapsco Ave.

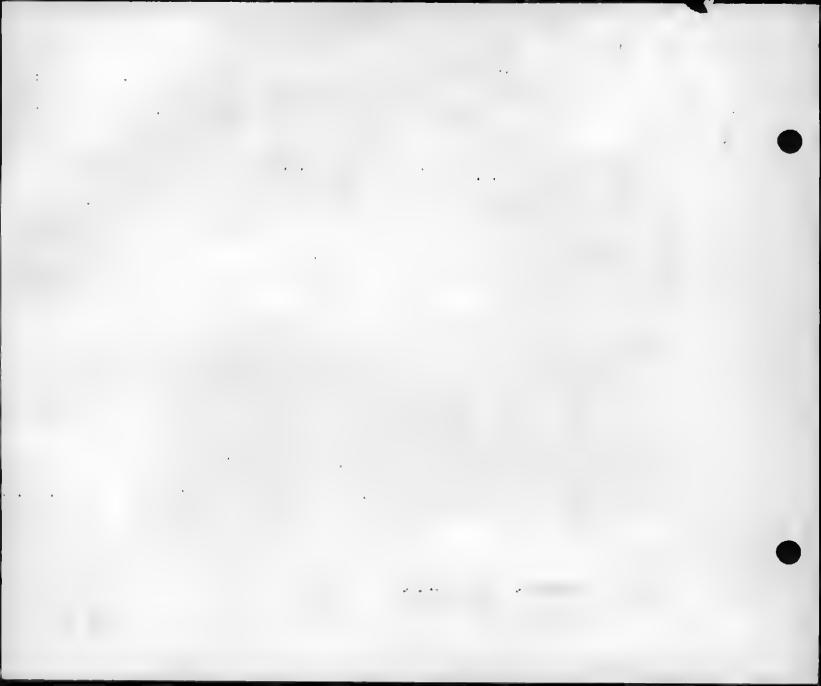


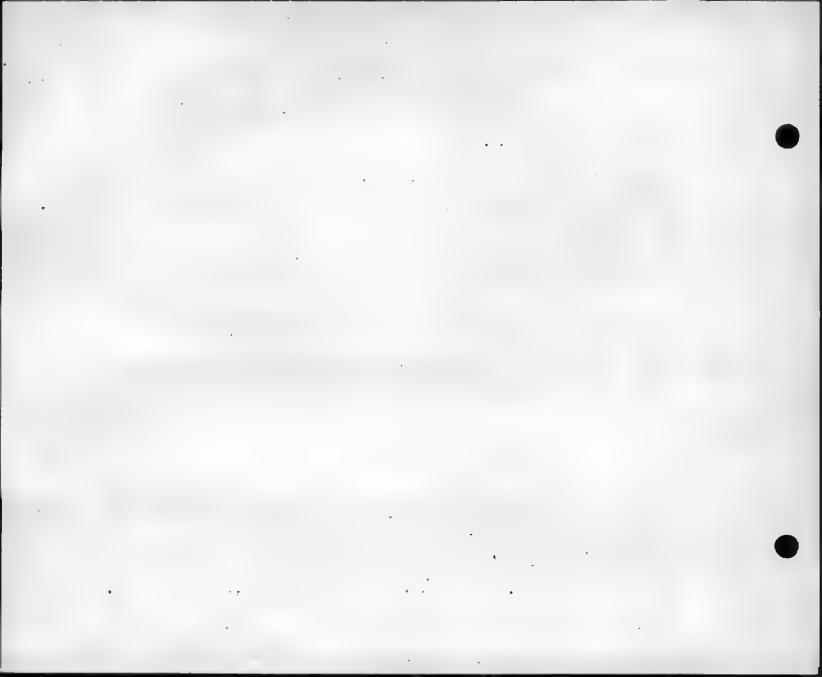
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01850 01842 CERTIFICATE OF DEATH DECEASED NAME First 2b. HOUR A M ddle Lost 20. DATE OF DEATH (Type or print) Edward Griffin DAVIS February 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNCER 24 HPS xecuted within 24 hours after HOURS Malle White March 28, 1887 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED (ountry) Maryland lease remove corban papers. and in any event, within 72 he U.S. WIDOWED IT DIVORCED [Anne Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospitol 120. USUA: OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Anne Arundel Gen. Hospital during most of working life, even fretired) INDUSTRY Annapolis 130 USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) Maryland Anne Arundel YES Glen Burnie NO Te 7874 Americana Cricle 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle Last PHYSICIAN: The law requires that the death certificated 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) cremotion, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART ». DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSTOLIENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate couse (o), O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. stating the underlying couse burrol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f. LOCATION 21d INJURY OCCURRED City or Town County Stote While Not white Cot work 22a. I certify that (1) (this hospital) attended the deceased from _19 6), and that in (my) (our) apinian death accurred an the date and haur and from the sow the deceased alive an causes stated above, (1) (we) (did) (and not) view the body after death. 226 SIGNATUR 22c. DATE S/GNED ATTENDING PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Richard N. Peeler. M.D. 121 Cathedral St., Annapolis, Md. 230 BUR AL CREMATION NAME OF CEMETERY OR EREMATORY 23d .OCATION (City or Town) (Stote)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01851 CERTIFICATE OF DEATH 31843 DECEASED-NAME First Middle Lost 20. DATE OF DEATH ican and completely filled in by The funeral lease remave carban papers. Pages 1 and 2 and in any event, within 72 hours affect death. executed within 24 haurs after death (Type or print) FEBRUARY BETTY LEE DAYTON 3 SEX 4 RACE 6 AGE (In years 5. DATE OF BIRTH IF UNDER I YEAR last birthday) HOURS 1919 OCTOBER FEMALE WHITE 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) WIDOWED [DIVORCED U.S.A. ANNE ARUNDEL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR 510 LA CLAIR during most of warking life even if retired) LINTHICUM STOR 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER #510 LA CLAIR INTHIGUM AVENUE 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Lost requires that the death certificated AUBREY ROSS MARY COFFMAN physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, prenknown) burial, crematian, or remaval, (husband) SAME AS#13 22 31D8 MR. DONALD M. DAYTON APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. MINEMOUNT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ncinoma CAUSES OF DEATH? NO TH ed far use of Health p YES [Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) be detached (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while at wark at wark 22a. I certify that (1) (this haspital) ottended the deceased from 12 / 1, 1968, to 1969, that (1) (we) lost saw the deceased alive on 12/26 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING directar, page should be filed PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION, REMOVALISpecify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) MARYLAND FEB. 18.1969 PHILOS CEMETERY WESTERNPORT SINGLETONOPENERAL GLEN BURNIE. MARYLAND







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 7.12.17.23 FilmGulo 3/11/69kiCERTIFICATE OF DEATH 01846 Midd e Lost 2a. DATE OF DEATH 2b HOUR 1 DECEASED NAME First rsician and completely filled in by the funeral please remove corbon papers. Pages 1 and 2 ond in any event, within 72 hours after death. Month Year 69 (Type or print) within 24 haurs after dear 12:30% Kathryn Downs Dawnx_ IF UNDER I YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6 AGE (In years 3. SEX last birthday) MONTHS DAYS HOURS 9/23/20 female Caucasian 48" YRS 9 COUNTY OF DEATH 7a BIRTHPLACE State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (ountry) DIVORCED 💭 WIDOWED [West/ Windinia Anne Arundel TISA 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OF TOWN OF DEATH during most, of working life, even if retired) INDUSTRY give street address) Housewife Hospitals Crownsville State Hosp. Crownsville 13d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER 13g USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN The law requires that the death certificate be executed admission) STATE Waltimore YES NO 🗔 1010 St. Paul Street Baltimore Maryland IS MOTHER'S MAIDEN NAME First Middle Last Inst 14. FATHER S NAME signed by the attending physician only burial-tronsit permit. Then please rem buriol, cremation, or removal, ond in an Picken Allie Bland George 17 NFORMANT Dusold 5 Martin Dr. Millersvill Hospital/Records//Crownsville/State/Hosp/ 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Millersville Yes, na. ar unknown) (If yes give war or dates of service) 463-58-1980 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) NEWMONIA PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospitol ar ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to as the FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES-NO [director, page 3 should be detached for use should be filed with the State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year (If either, notify medical examiner) P.M. State 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. County 21d. INJURY OCCURRED City or Town While Nat while of work 22a. I certify that (1) (this haspital) attended the deceased from 2/20/69, 19, ta 2/26, 19, 69, that (1) (we) last saw the deceased glive growing and the deceased growing and that in (my) (aur) apinian death accurred an the date and haur and from the , 19 69, that (I) (we) last saw the deceased glive on causes stated above (i) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. **ATTENDING** 2/26/69 DEGREE PHYS DIRECTOR 22e. ADDRESS Crownsville State Hospital, Maryland 22d. PHYSICIAN'S NAME (Type) Alberto Gonzalez, M.D. 23cr NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)
Burial T11. Lake Street Cemetery Elgin 3-1-69 2 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR VR A15 |4} FEB 2 Towson, Md. Vm. Cook-Brooks Towson, Inc. Muzze 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 01855 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01847 M. ddle Last DECFASED-NAME First 2a. DATE OF DEATH 2b. HOURA (Type or print) Month EADES Virginia Ann February 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years within 24 haurs after last bighday) HOHRS Feb. 7, 1926 Female Negre physician and campletely filled in by en please remave-carban papers. P 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED (auntra) U.S. WIDOWED [DIVORCED [Anne Arundel 10. ETTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Gen. Hospital Annapolis 13a USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) SIATE Maryland law requires that the death certificate be executed 468C Boston Hgts. Circle Annapolis Arundel any (15-MDIHER'S MA DEN NAME First Lost WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no ar unknown) (It was give wor or dates at service) 1B. CAUSE OF DEATH (Enter anily one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any which gave) burral-transit rise ta immediate cause (o): DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) ā THOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a 1 certify that (1) (this hospital) attended the deceased from. . 10 . 1969 and that in (my) (aur) apinian death occurred on the date and hour and from the saw the deceased alive ancauses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE: 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. director, page should be filed PHYS. 22d. PHYSICIAN 22e. ADDRESS 121 Cathedral St., Annapolis, Md. 23c NAME OF CEMETERY OR EREMATORY 23g . BUR AL. CREMATION LOCATION (City or Town

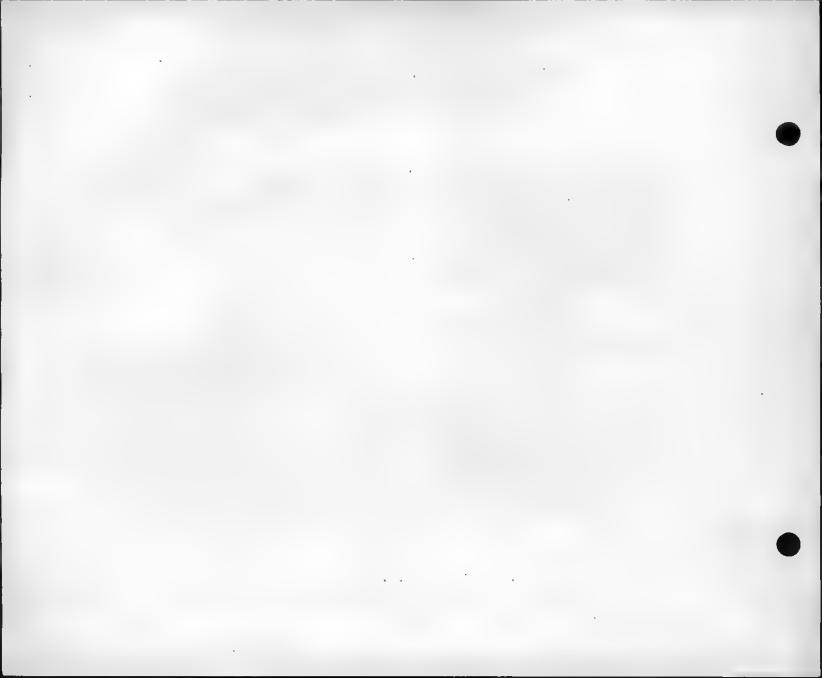


01856 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01848 Item 13 Film GLO9 2/26/69 kk CERTIFICATE OF DEATH 1. DECEASED-NAME Middle lost 20. DATE OF DEATH 25. HOUR requires that the death certificate be executed within 24 haurs after death. and (Type or print) Catherine Caline Faux 69 6:30# 3. SEX 4. RACE S. DATE OF BIRTH IF JNDER 1 YEAR 6. AGE (In veors lost birthopy)
29885 YRS MONTHS ¥874 3-27-1883 Female. White 7o BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED WIDOWED DC DIVORCED | within 72 Pennsylvania US carban paper Anne Arundel and tampletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) IND JSTRY Crownsville Crownsville State Hospital 130 USUAL RES DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 306 W. Franklin Street 13d INSIDE CITY LIMITS? physician and children please con any ever admission) STATE NO [LINKALVA unknown 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Lost unknown inknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) or remayal, Hospital Records, Crownsville State Hospital unknown HKKKKKK 18. CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (c))
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO T for use YES 🗔 the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) be detached 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from = 9727, 19 68, ta 2710 , 19 69, that (I) (we) last saw the deceased alive an 2/10 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I)-(we) (did) (did nat) view the bady after death. be retained by 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v DEGREE PHY5 22d. PHYSICIAN'S 22e. ADDRESS Alberto Gonzalez, M.D. m Crownsville State Hospital, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) RE間QY社(Epacify) 2-22-1969 Druid Ridge Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 30M REV. 1/88 Wm. Cook-Brooks Towson 1050 York Road 21204

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15ME (5)



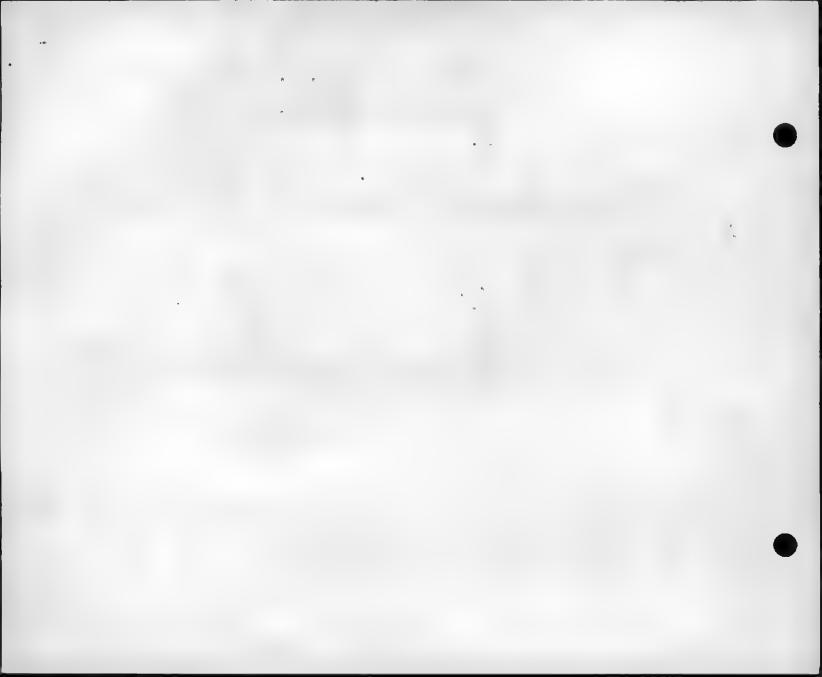
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

			CERTIFICATE OF DEATH										
neral and 2 death.				First TLLTAM	Middle H.	GARDNER Lost		PEB.	DEATH Manth 4 [04969 Yeor	26 HOUR 3:40		
inat the again certificate be executed within 24 hauts after death. Jan. by the attending physician and completely filled in by the funeral fransit permit. Then please remove carbon papers. Pages 1 and 2 cremation, or removal, and in any event, within 72 frants after death.	- 4	3. SE	MA.E	4. RACE	WHITE	S. DATE OF	BIRTH L/2, 191		6 AGE (in years lost birthday) 5.3 YR	MONTHS OAYS	IF UNDER 24 HRS. HOURS IN N		
	of the		IRTHPLACE (State or foreign Inv)Mary Land		WHAT COUNTRY?	B MARRIED X NEVER N		COUNTY OF	ARUI DEL		M		
	,	10. C	TY OR TOWN OF DEATH	LARYLAND 9	NAME OF HOSPITAL OR I	NSTITUTION (If not in haspital DE Hod: I TAI	ducina ina		Kind of work don fe, even if retired		BUSINESS OR THE FOLID		
		13a admi	JSUAL RESIDENCE (Where dossion) STATETARY Law	D 13b (COUNT	itution. Residence before A.J.A.DED	GLEN BURNIE	AEZY NO	202 C L 202 A	eet and number bruton	Drive-			
		14 F	ATHER'S NAME First	Middle	2	is MOTHERS	MAIDEN NAME FIN	s! 2	Middle		Last		
			WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes	ARMED FORCES give wer or dones of service	16b. SOCIAL SECURIT	YNO. 17 INFORMANT	Dardne	1-316	Executive	Bhlyn Och	2122		
			18 CAUSE OF DEATH (Entrement of DEATH WAS CAUSE)		or line far (6)? (b), and (to dego	carlei	hu	Paretu		MATE INTERVA. ONSET AND OEATH		
at the att			Canditians, if any, which g	ave) (a), (b)_	OR AS A CONSEQUENCE OF	sur Jula	feir	my !	1	Zai	n		
equires in physician signed by burial-tra burial, cre			stating the underlying callast.	(c)_	OR AS A CONSEQUENCE OF	- Veut	tienla	7	failur	e th	our.		
refulled and reduced the hospital or attending phy this certificate has been significated for use as the buried Dept. of Health prior to buried buried to the prior to to th		NO:				NOT RELATED TO THE TERMI			, ,	C CONCINCIPED IN	P. P. L.		
	2	CERTIFICATION			WHICH OPERATION WAS	YES		CAUSES	YES, WERE FINDING: OF DEATH?		EKTIFYING		
		MEDICAL CI	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE O (If either, natify medical ex	F DEATH HOUR A.	.M	19							
			at wark at wark		RY (AT HOME, FARM, STREET OFFICE BUHLDING, ETC.	,/	20	a	or Town	County	State		
ined by AR: After all be the Staff			220. I certify that (1) sow the decease couses stated at	(this hospital) of alive on	attended the decea	sed/from 1992, and that/in (e bady/after death.	(my) (our) opir	, to	ccurred on the	dote and hour	(I) (we) la ond from th		
be retai DIRECTO			22b. SIGNATURE	lety	aule	DEGREE PHYS		ED RECTOR	STAFF D	2/Y/6	9		
4 may lERAL or, pa	1		22d. PHYSICIAN'S NAME (Type)	Ax C	"PRANK	140	pw 50	s Ait	Elu H	en Glent	line of		
Page 4 r TO FUNE director,	10		REMOVAL (Specify)	236 DATE 2/6/69	Slan		Com.	,	Slorbu	(County)	(State)		
VR A15	K.X	2	FUNERAL DIRECTOR	C 2.	ADDRE 7.C	Salts . Mul.	250 RECD BY	6 1969	3 256 PREDISTRA	AND CHATTER A	are .		



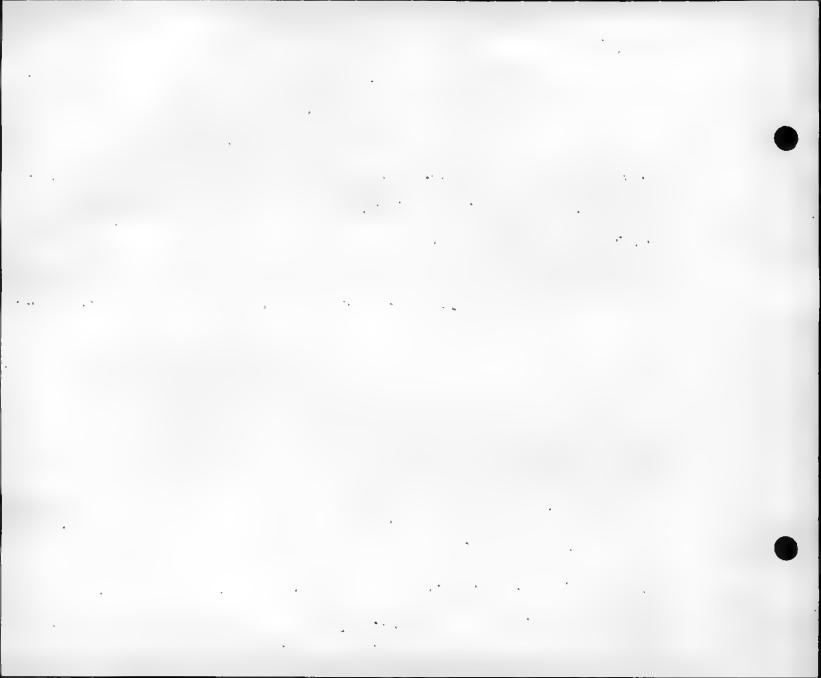
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01859 01851 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. 20 HOURS law requires that the death certificate be executed within 24 hours after death and ? (Type or print) William John Month GIBLIN,, Sr. February 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR HOURS April 20, 1889 Male White 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED T NEVER MARRIED Pennsylvania U.S. WIDOWED F DIVORCED [Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito. 120 JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Anne Arundel Gen. Hospital during most of working life, even if retired) INDUSTRY-Annapolis 130. USUAL RESIDENCE (Where deceased lived, if institution Residence event avo(physician and nen please rem 14 FATHER'S NAME IS. MOTHERS MAIDEN NAME, Fist M ddle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dules of service) Yes, no or uhknown) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c) PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (o) signed by the attending Conditions, if any, which gove) **burial-transit** rise to immediate couse (a), Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 19b. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2De AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO DOX 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work of work director, page 3 should should be filed with the 22b. SIGNATURE ATTENDING



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN LTH DEPT. 1. DECEASED-NAME First Middle Lost Month 2b. HOUR (Type or Print) OF ESTI-Poge d, DEATH MATED **JAMES** LEE GOLDSMITI 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD gud lost birthday) Year White YRS 1960 Male. Rehruary 76 CITIZEN OF WHAT COUNTRY? 7o BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH (Ountry) WIDOWED DIVORCED [V.S.A. ahd 2 with the State Anne Arundel in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR Office along with INDUSTRY ALUM during most of working life even if retired) 2 give street oddress) Kinchrough Army Hosp INSPACTOR death. 130. USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 13b/ COUNTY YES NO Fllicott City 24 hours after IS MOTHER'S MAIDEN NAME Middle 14 FATHER'S NAME First poges Coldsmilt CENGE. Nours forwarded to the Chief Medical Examiners 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT penci **ADDRESS** This certificate should be executed within (Yes, no, or unknown) (fiyes give war or dates of service) W. Goldsmith SR Feid Ellicell til DBIZA FIE APPROXIMATE INTERVA. .⊑ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH Injuries PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove rise to immediate cause (o). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .≘ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 0.5 removal, be used 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? FICAT WAS PERFORMED? YES 🚚 NO | the funeral director. Page 4 should be 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) O 3 should PRIMARY K OR CONTRIBUTING HOUR AM SICAL EXAMINER: cremation, CAUSE OF DEATH 23e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED factory office building, etc.) moy be retained far your FUNERAL DIRECTOR: Page WHILE OF WHILE X Md. Street Darkman M burrel, 22a. I certify that I took charge of the remains described above, held an AutopsyxxI. and in my ap nian Inspection Inquiry death resulted fram: Natural causes ! Accident XX Suicide 1. Hamicide Undetermined manner CHIFF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. O DEPUTY DEPUTY MEDICAL EXAMINER 5 moy k **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, DEMOVAL (Specify) 23d LOCATION (City or Town) (State) ShaPhind DURIA DWARA 24 FUNERAL DIRECTOR 2So RECD BY REGISTRAR 25b ALGISTRAR S & GNATURS VR A15ME (9)

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01862

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01854

CERTIFICATE OF DEATH

L															
	CEASED-NAME	First	Middle		Last			20. DATE OF DEATH 2b. HO							
(I	ype or print)	RIT	A SMUCK	GREEN				FF	Manth Di EBRUARY 26	7.969	M				
3, SE	Χ		4. RACE	Ora general in §	S	. DATE OF B	IRTH		6 AGE (In veors	IF UNDER 1 YEAR	IF UNDER 24 HRS				
1	Female		Whi	te		April	17.189	75	last birthday)	MONTHS DAYS	HOURS MIN				
	BIRTHPLACE (State or f	oreign	7b. CITIZEN OF WHA		8 MARRIED			9. COUNTY O	F DEATH						
cour	Maryland		U.S.A.		WIDOWED X		RCED	Ama	Tobarma on		Md				
10. C	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTI					r	12o. USUAI		OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR						
	Brooklyn		(i) ve st	reet address) 601:3 Rita	,	*	during mo	st of working	g life, even if retired.)	INDUSTRY Home					
13o	USUAL RESIDENCE (Wh	ere deceo:	sed lived, if institution				13d. INSIDE CITY LIN		TREET AND NUMBER	I ROIR	4				
admi	ssion) STATE Naryland		13b (OUNTY Anne A	mindel	Brookl	.vn	YES NO	□ 60	Oh3 Ritch	ie Hgwy					
14. F		rst	Middle	Last		*	AIDEN NAME FI		Middle		Lost				
	William H	I. Sm	nick					Freesi	nan						
16a.	WAS DECEASED EVER	N U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY	NO. 17. INF	ORMANT		11000	Address						
Y	es, no, ar unknawn) 110	(If yes give v	war or dates of service)		Mrs	. Alh	ert Gis	[edos	601/8 Ritc	hie Hewn	7. 21225				
	18 CAUSE OF DEATI	1 (Enter on	IV one couse per line	for (a) (b) and (c)		2		/	\(\frac{1}{2}\)	APPROX	UMATE INTERVA,				
	PART I. DEATH V	VAS CAUSE	D BY:		11/110	West	H. A.A.	die	Musto	BEIWEEN	DHSET AND DEATH				
	11100	IMMEDIA	ATE CAUSE (a)	L constituents ha	NEACCT	CANV.	771428100	CAUCE	10	1.11	37				
	Canditions, if ony, w	hich gove		A CONSEQUENCE OF	mile	25	Uhles	and 10	1-11-1	16	10112)				
Н	rise to immediate cause (a),														
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF														
	PART 2 UTHER SIGNI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
NO	19a. DATE OF OPERATION	19a. Date of operation 19b. condition for which operation was performed 20a. autopsy? 20b. if yes, were findings con									EDTIEVING				
FICA	Tra. DAIL OF CICKAIN	/11	COMBINION TOR WITH	III OI CKAIIOII WAST	YES NO			CAUSES OF DEATHS							
CERTIFICATION	21g. ACCIDENT WAS	HADERIAN	NG 21b, TIME OF	IMILIDY	late non			natura of Inc	ury in Part 1 or Part 2	In 101					
	OR CONTRIBLTING	AUSE OF DEA	TH HOUR A.M.	Manth Day Year		I INDUKT OC	CORKED (CITIES	notore or inj	ury in ran i or ran 2	, item 16.)					
MEDICAL	(If either, not fy med 21d INJURY OCCURR			AT LONE TARM CIDERT 62		ATION CO.	D.C.D. Al-		-	<i>f</i>	C1-1-				
	While Not while	ZIE.	PLACE OF INJURY (OFFICE BUILDING, ETC	218. LOU	ATION Stre	et of K.F.U No.	Lin	y ar Town	County	State				
					1.1	1. 1	10 /		11						
	22a. I certify that (I) (this-hospital) attended the deceased from Jan 6 , 1959, ta 166 75, 1969, that (I) (we) last saw the deceased alive an 200 1969, and that in (my) (our) apinion death accurred an the date and hour and from the														
	sow the decased alive an														
	22b. SIGNATURE /														
	52	vinil	n/ lls	A. Anr	DEGREE	ATTENDI PHYS		ED. RECTOR	STAFF D	127/6	9				
	22d. PHYSICIAN'S	700				22e. ADI	ORESS		1	1					
	NAME (Type)	Dr.	Benjamin	Berdann		615	Hammon	ds Lar	ne Baltim	ore, Md.	•				
23 o.	BURIAL, CREMATION,	23b.	DATE	23c. NAME OF	CEMETERY OR CREMATORY			23d. LOCATI	ION (City or Town)	(County)	(State)				
	REMOVAL (Specify)	115	rch 1.196					Anne Arundol Go. Md. (REGISTRAR 2Sb. REGISTRAR'S SIGNATURE							
24.	FUNERAL DIRECTOR	1 8 2	171	ADDRESS	- U. U.S.		2Sa. REC'D BY	REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE					
a.	omeo I C	02000	1,001 P4-	tabia Heer	or. 272	2ば	DATE MAR	9 4	oca Mlu	male Car	dar.				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR ATS

within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION CT VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01863 01855 CERTIFICATE OF DEATH 20 DATE OF OFATH PEDruamy 2800y19680 1. DECFASED-NAME Errst Middle hin 24 hours after death GRIFFITH. Robert (Type or print) Lee 3. SEX 4 RACE S. OATE OF BIRTH 189 6 AGE (In years plast birthday) IF UNDER 1 YEAR F JNDER 24 HRS. October 21, Male Cauc. HOURS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED 9. COUNTY OF DEATH (OUNTRY) Maryland Anne Arundel U. S. A. WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF GEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR White doratundel General Annapolis requires that the death certificate be executed with 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 3e STREET AND NUMBER Mar Viand Affile Arundel Annapolis YES X NO 61 East Street 14. FATHER'S NAME ... First IS. MOTHER'S MAIDEN NAME First Lost 16g. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, or unknown) APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY:
Pneumonia

IMMEDIATE CAUSE (a) Pneumonia days DUE TO, OR AS A CONSEQUENCE OF 1 month Dysphagia Canditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Stroke (Left middle meningeal thrombosis)1 month PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Uremia Right hemiplegia, Aphasia, Chronic urinary infection, Dehydration O FUNERAL DIRECTOR: After this certificate has been 19th DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20c. AUTOPSY2 None CAUSES OF DEATH? YES 🔲 NO KK 21a ACC DENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216, TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME EARM, STREET EACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County While Not while at work 220. I certify that (I) (N32085506) attended the deceased from Feb 19, 1969, taFeb 28, 1969, that (I) XWS) last saw the deceased alive an Feb 28 1969, and that in (my) Feb apinian death accurred an the date and haur and from the be retained causes stated above, (1) (2003) (did) (2004) view the body after death 1969 22b SIGNATURE 22c. DATE 5 GNED MED DIRECTOR February director, page S should be filed DEGREE 22d PHYSICANS Charles W. Kinzer, M. 221 ADDRESSurray Ave., Annapolis, Md. D. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 25b. REGISTRAR'S SIGNATUR Ochania

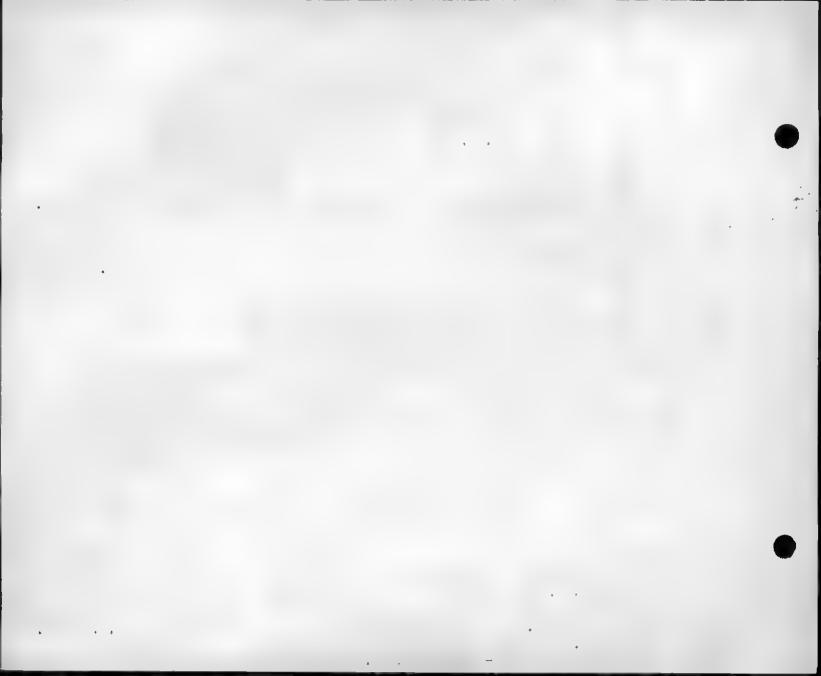


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01856 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20 DATE KNOWN Month Year 26 HOUR (Type or Print) ESTIrOS3MNN **BENTAMTN** DEATH MATED 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD S DATE OF BIRTH 2d HOUR 5 YRS // Year CHITE 10-7-1912 MALE 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED ST NEVER MARRIED 9. COUNTY OF DEATH BALTIMORE. MD. ANNE ARUNDE U.S.A. WIDOWED [DIVORCED [8 Give Pages 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b K ND OF BUSINESS OR during mast of warking life, even if retired.) land 2 with the 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c C.TY OR TOWN 13d. INSIDE CITY LIMITS? death. 13e STREET AND NUMBER 13b COUNTY FRANKLIN HOTEL YES NO BALTIMORE This certificate should be executed within 24 hours in Item/ ofter 4 should be farwarded to the Chief Medical Examiner's Office 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle KRAMER GROSSMAN CLARA X JACOB pages hours pencil 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1982 CAREY BRANCH DRIVE (Yes, na ocupknown) MISS SUE ANNE GRÖSSMAN. WASHINGTON. D.C. 20022 File 1B. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) burial-transit permit. Frontiere Shall PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Complement DUE TO, OR AS A CONSEQUENCE OF Canditians, if any/which gave rise to immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗍 ij 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING MEDICAL DICAL EXAMINER: CAUSE OF DEATH 21d NJURY OCCURRED 27e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town Caunty State may be retained for your FUNERAL DIRECTOR: Page NOT WHILE factory, affice building, etc.) RAGI 141 Pleyburny burial 22a 1 certify that I took charge of the remains described above, held an Autopsy 3, Inspection Inquiry | and in my apinian death resulted fram: Natural causes . Accident 1 Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE -2-11-69 O DEPUT DEPLTY MEDICAL EXAMINER 5 may 170 FUNE **EXAMINER'S** NAME (Type) ADDRESS(Street city, tawn, ar county) 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) (State) BALTIMORE, MARYLAND 2-14-69 MOSES MONTIFICRE SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A 15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 21885 CERTIFICATE OF DEATH 01857 1. DECEASED-NAME First Middle Last 2n DATE OF DEATH 2b. HOUR (Type or print) FEBRUARY Month TREME CAROL GRUNTOWICZ 2020 N 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER YEAR 6 AGE (n years IE JNDER 24 HRS ve carban papers. Pages event, within 72 hours aft MENTHS HDURS Larcand campletely filled in by the 17 MAY 1912 FEMALE CAUCASTAN 7a. 8IRTHPLACE (State or fore.an 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WISCONSIN U.S. WIDOWED [DIVORCED [7] ANNE ARUNDEL 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired) INDUSTRY ANNAPOLIS 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN executed 13d INSIDE CITY JMIES? 13e STREET AND NUMBER admission) STATE NOX ANNAPOLIS EPPING FORREST and m any 14. FATHER S NAME First Middle Last 15. MOTHER S MAIDEN NAME First Middle Last HARRY JULIA LARSEM requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address RT 1 EPPING physi en ple Yes, na, ar unknown) burial, crematian, ar remaval, 219 16 18 13 FORREST RD ADAM GRUNTOWICZ APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any which gave ARTERIOSCLEROTIC HEART DISEASE rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19d DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES X NO 🗍 s certificate 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) TO DR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, EARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work O FUNERAL DIRECTOR: After th at work 22a. I certify that (I) (this haspital) attended the deceased fram sed from 14. [] , 19.44 , to 19.44 , 19.47 , that (I) (we) last 19.64 , and that in (my) (our) apinian death accurred an the date and haur and from the saw the deceased alive on.... causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF 12 FEB 69 DEGREE PHYS PHYSICIAN S 22e ADDRESS NAME (Type) NAVHOSP. ANNAPOLIS. MARYLAND 21402 23a. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION ((ty or Tawn) (State) (County) REMOVAL (Specify) 15.1969 Hillcrest Cemetery Anna polis Beveriey E. Hopping VR A15 HOPPING FUNERAL HOME -



		1	MARYLAND STATE DEPARTMENT OF HEALTH	
			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04050
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4 5 5			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
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requires that the death certificate g physicion. I signed by the ottending physicion burial-transit permit Then pleas a burial-transit permit or removel, and			stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	WA DA
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YSICIAN: cospital or certificate thed for use.		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	10.7
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NOT THE			causes stated abave (II) we) (aud) (au nat) New the bady after death.	
OR ATTEND be retoined DIRECTOR: A pa 3 should			ATTENDING MED STAFF	DATE SIGNED
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JI.

MARYLAND STATE DEPARTMENT OF HEALTH 01868 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01860 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death. law requires that the death certificate, be executed within 24 haurs after death 2 Month 28 Doy ond (Type or print) the attending physicam and campletely filled in by the funeral sit permit. Their please remaye carban papers. Pages I and matian, or remayal, and in any event, within 72-haurs after deat D. 69 Year James Hames 40Am 6 AGE (In years lost birthday) 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 24 HRS. IF JHDER I YEAR Male White 3-1-20 PURS 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIEDX NEVER MARRIED A.A.Co. Georgia U.S.A. WIDOWED [DIVORCED O CITY OR TOWN OF DEATH Glen Burnie 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR WordthiresArundel Hospitaluring most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. HNS:OE CITY LIMITS? Masow Isam d 13b AOUNT . C. . 1023 Phillip Drive 14. FATHER'S NAME M ddle Last 15. MOTHER'S MAIDEN NAME First Eva Holin Hames 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, go, or unknown) (If yes give war or dates of service) Mrs. Myrtle Hames , same as APPROXIMATE INTÉRVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSELAND DEATH PART I DEATH WAS CAUSED BY crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gove; rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONTRIBUTION GIVEN IN PART 1(a) ed far use as the b cof Realth priar tab O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES -21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify med col exominer) P.M shauld be detached Dept. (AT HOME, FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No 21d INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town County While Not while of work State 22a. I certify that (1) (this hospital) attended the deceased from - - 26 --25, 1969 7-28 1969, and that in (my) (our) apinian death accurred on the dote and hour and from the saw the deceased alive on... director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYS 22e, ADDRESS 'Herlihy M.D. NAME (Type) lary 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (Stote) 230 BURIAL, CREMATION (County) REMOVAL (Specify) Idttle River Cemetery Woodstock. VR A15 25b REGISTRANS STONATURE 24. FUNERAL DIRECTOR 250 MARBY REASTRIBES

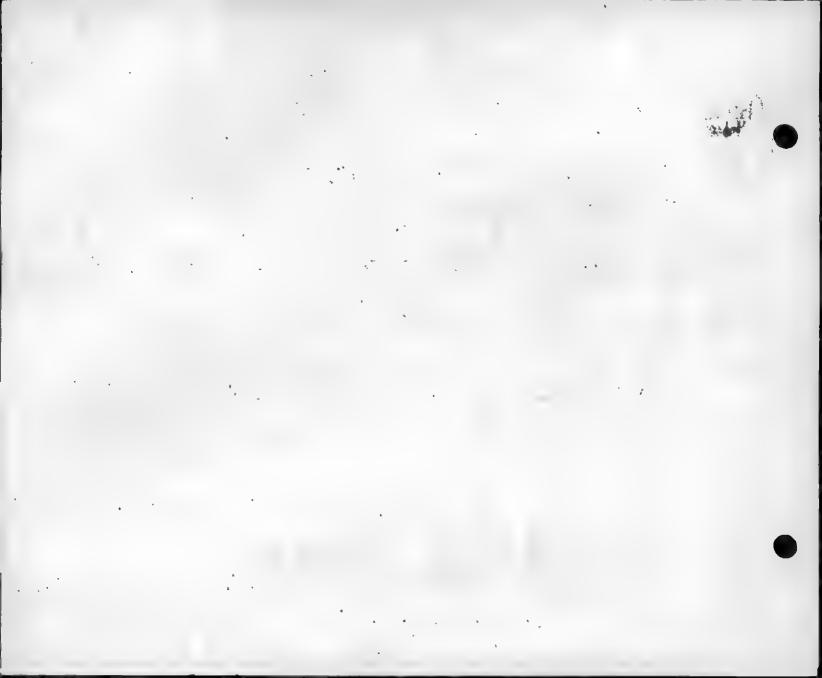
Kirkley Funeral Home, Glen Burnie, Md. 21061



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01861 21369 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 2b. HOUR) DECEASED-NAME First physician and completely filled in by the funeral en please reagone carbon papers. Pages 1 and 2 event, within 72 hours after death. requires that the death certificate be executed within 24 haurs after death. Month (Type or print) Verrel1 M. Hamilton E JADER 1 YEAR HE LINGER 24 HRS S. DATE OF RIRTH 6. AGE (in years 4 RACE 3. SEX last birthday) DAYS MONTHS **HOURS** White Fema.le 12-29-85 9. COUNTY OF DEATH 7a. B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED | NEVER MARRIED (duntry) Maryland DIVORCED | WIDOWED F Anne Arunde! United States 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH INDUSTRY Home give street address) during most of working life, even if refixed) Glen Burnie North Arundel Hospital 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13g USJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN admiss an) STATE Maryland 13b COUNTY YES 🗀 NO.F Anne arunde D. imont naon. and in any 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Lost Hamilton Sallv James A. Hamilton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address 17. INFORMANT Yes, na. ar unknawn) Margaret Ringgold As #13 Same ar remaval, unknown the attending phy sit permit. Then APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) signed by the burnal-transit p Conditions, if ony, which gave) use to immediate couse (a). DUE TO, OR AS.A. CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept, of Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🖂 YES 🖂 ATTENDING PHYSICIAN: 216. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year PM (If either, notify medical examiner) (AT HOME FARM, STREET FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County State 21d INJURY OCCURRED 21e PLACE OF INJURY While Not white at wark 22a | certify that (1) (this hospital) attended the deceased from director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d PHYSICIAN'S 1113 Old Odenton Road, NAME (Type) Grunuerg 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION, Loudon Park Cemetery Baltimore 20. 1969 Mary land Single tons Funeral Hom 250 RED BY REGISTRAR Glen Burnie, Maryland DATE EB 19 (2Sb. REGISTRAR'S SIGNATUR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 1862 01870 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o, DATE OF DEATH 2b. HOUR 50 and (Type or pnnt) ALICE 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER IF UNDER 24 HRS HOURS WHITE MDAITHS DAYS Female 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MÉVER MARRIED country) UJA ANNE WIDOWED P DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) Trawn Suitle Crownsville 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. INSIDE CITY ...MITS? ... I 3e. STREET AND NUMBER 203 13c CITY OR TOWN event, physician and cample en please remave car OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed admission) PSTATE NO TO ond in any 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Lost WEEMS ROSE BOWE Thomas 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) . 1 (If yes give wax or dates of service) crematian, ar remaval, signed by the attending ples burial-transit permit. They aburial, cremation, ar remov 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Womman IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) disease. Usemie tor use as the l f Health priar tab TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19o. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 1011 sow the deceased alive an 1969, and that 1969, and that in (n) (our) apinion death occurred on the date and hour and from the sow the deceased alive an.... O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the should couses stated above (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22e_ADDRESS 22d. PHYSICIAN S NAME (Type) 23b. DATE 230. BURIAL, CREMATION, (County BENIOVAL (Specify 25b REGISTRAR S SIGNATURE 250. REC'D BY REGISTRAR **EDNERAL DIRECTOR** 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01863 CERTIFICATE OF DEATH DECEASED-NAME M.ddle Lost 2a. DATE OF DEATH First 2b. HOUR death. 100 P requires that the death certificat be-executed within 24 haurs after death: the attending physician and completely filled in by the fulleral sit permit. Then please remave carban papers. Pages I and (Type or print) Month Kobert please remave carbon papers. Pagesel and in any event, with n 72 hours after 3. SEX 6. AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS last birthday) SHIMOM 80 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED country) DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done q ve street oddress) most of warking life, even if retired.) crematian, ar removal, and in any event, 3a USUAL RESIDENCE (Where deceased lived, if nstitution. Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First ARMED FORCES? 166 SOCIAL SECURIT 160 WAS DECEASED EVER IN 3 S Address Yes, to ar unknown) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per linn of PART I DEATH WAS CAUSED BY. (b), and (c).) IMMEDIATE CAUSE (o Canditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR stating the underlying cause burial, 1 IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES 🗔 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21r. HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. If either, notify medical examiner) be detached 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at wark at wark be retained director, page 3 shauld shauld be filed with the causes stoted above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS. STAFF PHYS DEGREE DIRECTOR PHYSICIAN 22e. ADDRESS NAME (Type (State) BURIAL, CREMATION





REGISTRAR'S SIGNATURE

1969

VR A15 (4) 30M REV 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01874 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY AA CO o. STATE MARYLAND b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie Box 344 Rt 2 Glen Burnie d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Box 344 Rt Glen Burnie Box344 Rt 2 Glen Burnie NAME OF Lost 4. DATE DECEASED OF DEATH Feb 17 (Type or print) Higdon James S SEX AGE (In years lost birthday) 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED DIVORCED Mal a June 15.1891 100. US_At OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY Md 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME James R Higdon Minnie Dear 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, so, or unknown) (If yes give wor or dotes of service) Family Same 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: by the o IMMEDIATE (AUSE (6) Chronic Congestive Heart Failure DUE TO Conditions, if ony, which gove Metastic Carcinoma of the Lung rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part) or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) Hour 'o.m. factory, street, office bldg , etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from July 2, 19 68, to Dec. 9, 1968, that (I) (we) last director, page 3 shauld shauld be filed with the saw the deceased alive an December 9.19.68, and that death accurred at ______M, from couses and on the date stated above. 22o. SIGNATURI DIRECTOR 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 2/21/69 Parkwood Cemetery Balto Co

ADDRESS

237 Patapsco Ave.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmath certificate be executed within 114 hours after death

24. FUNERAL DIRECTOR

250. REC'D BY REGISTRAR

25b REGISTRAR'S

(County)

22b. DATE SIGNED

(County)

01866

1969

12 CITIZEN OF WHAT

COUNTRY?

II CA

IF UNDER 1 YEAR

Months

IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS

19

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED?

(State)

(Stote)

Ma



MARYLAND STATE DEPARTMENT OF HEALTH 01875 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01867 1. DECEASED NAME Middle 20 DATE OF DEATH 2b HOUR law requires that the death certificate be executed within 24 hours ofter death (Type or print) 92 DATE OF BIRTH 6 AGE (In years F JNDFR 1 YEAR IF UNDER 24 HRS. ast birthogy) MONTHS HOURS and completely filled in by the e tumbre carbon popers. Po 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DR DIVORCED [HOSPITAL OR INSTITUTION (If not in hospital 12a SUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR ng Homeduring mont of working life, even fretired) ANDUSTRY/ 130 USUAL RESIDENCE (Where deceased lived, Mistitution 134- CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE and in any 14. FATHER'S NAME MOTHER'S MAIDEN NAME First M-ddle Last the ottending physician 160 WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, ng. by unknown) (If yes give wor or dates of sen 16b SOCIAL SECURITY NO 17...INFORMANT (If yes give wor or dates of service) burial, cremation, or removal, APPROX MATE INTERVA. 18 CAUSE OF DEATH (Enter only one cause per Jimy for (g), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the buriof-transit p Candit ons, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GAVEN. IN PART 1(0) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been d for use as the of Health prior to 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T 270 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) be detached director, page 3 should be detached should be filed with the State Dept. 21a. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY) 21e. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town Store County While Nat while at wark 22a I certify that (1) (this haspital) attended the deceased fram. that (1) (we) last and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an_ causes stated above, (1), (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) NAME OF CEMEJERY OR CREMATORY 23d LOCATION (City/or Town) (County) VR A15 (4) 45M - 1/69



MARYLAND STATE DEPARTMENT OF HEALTH 01876 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01868 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) JAMES NAM WELL 69 3. SEX 4. RACE DATE OF BIRTH 6. AGE (n years F JNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) rsician and completely filled in by the please remove carbon papers. Pall, and in any event, within 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) USA ANNE ARUNDEL WIDOWED. DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY ANNBPOLIS FIRWNDEL GEN crematian, ar remaval, and in any event, 13a USCAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 135 COUNTY AMNDEL YES 🗌 SHADYSIDE NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost signed by the attending physician Lunal-transit permit. Then please 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (1) yes anyo war or dates at service). IB CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

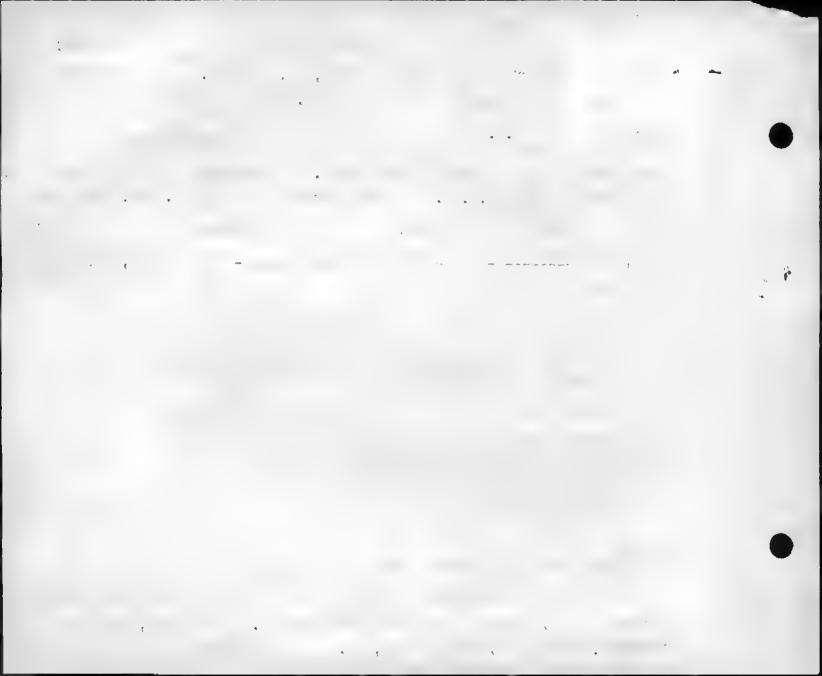
PULMOT BETWEEN ONSET AND DEATH MANONAU EDEMA DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) use as the latth priar tat 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 2Dq. AUTOPSY? FRACTURE HIP CAUSES OF DEATH? -- 10-69 NO I of Health 2 D ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) ţ OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. 3 shauld be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. director, page 3 shauld be detache should be filed with the State Dept. 21d. INJURY OCCURRED City or Town County State While Not while at wark at wark 220. I certify that (I) (this hospital) ottended the deceased fram 2 - 1, 19 1, to 2 - 15, 19 1, that (I) (we) last saw the deceased alive an 2 - 15 6, and that in (my) (corr) opinion death occurred on the date and hour and from the causes stated abave, (1) (4) (did) (enamer) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR/CREMATORY 23d LOCATION (City or Jown) 23a...BUR AL, CREMATION 23b. DATE (County) ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

VR A15 (4) 30M REV. NEGE





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01870 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2o. DATE OF DEATH First 2b. HOUR s. Roges 1 and 2 hours after deoth. 24 hours after death (Type or print) 2 Month 27 Edward L. the attending physicion and completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and Johnson 69Year : 40A. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR IF UNDER 24 HRS. Male White last birtheay) MONTHS 11-13-97 7a. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland U.S.A. A.A.Co. WIDOWED [D-VORCED | event, within 72 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 120. USUAL OCCUPATION (Kind of work done UIHIU 12b KIND OF BUSINESS OR Word Thres Arundel Hospita Juring most of work no life, even if retired) Glen Burnie INDUSTRY Retired 130. USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY L MITS? low requires that the death certificate be executed Mary Pand 13h CONNTY CO. Millersvil Box 307 Rt.1 NO T cremation, or removal, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Thomas B. Johnson Harriet Linthicum 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give wer or dates of service) Mrs. Georgia B. Johnson, same as 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH OUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit rise ta immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO HOSPITAL OR AFTENDING PHYSICIAN: the low re Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been d for use os the of Heolth prior to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF NJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) should be detached 21d INJURY OCCURRED AT HOME, FARM, STREET, FACTORY 1 21F, LOCATION Street of R.F.D. No. 21e PLACE OF INJURY City or Town Caunty State While Not while of wark ot wark 22a. I certify that (1) (this haspital) attended the deceased from 2-14, 1969, ta 2-27, 1969, that (1) (we) last saw the deceased alive an 2-26, 1969 and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22h, SIGNATURE ATTENDING director, page 3 should be filed w DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Cenap S. Dorkan M.D. 70 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b. DATE 23o. BURIAL, CREMAT ON, (County) (State) Burial

Burial Baltimore. Cedar Hill Cemetery 24. FUNERAL DIRECTOR **ADDRESS** Kirkley Funeral Home, Glen Burnie, Md DATE

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH 01880 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01872 1. DECEASED-NAME Middle 2a. DATE OF DEATH First 2b. HOUR and 2 death. requires that the death certificate be exeptited within 24 haurs after death signed by the attending physician and coapletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, cremation, ar remayal, and in any event, within 72 hours after death (Type or print) 6. AGE JK years 3. SEX 4. RACE DATE OF BIRTH IF UNDER I YEAR IF LNDER 24 HRS. last birthgay HOURS 1120 25, 7b CITIZEN OF WHAT COUNTRY? 7a BJETHPLACE (State or foreign 26.5.4 WIDOWED 5 DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of warking life, even if retired) INDUSTRY_ 13a USUAL RESIDENCE (Where deregged lived, if institution: Residence, before 13c. CITY OR TOWN 13e STREET AND MUMBER 1/13b COUNT 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First -> 165-SOCIAL SECURITY NO 17 INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 24 220 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) after ling O FUNERAL DIRECTOR: After tillis certificate has been Health priar ta as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO be retained by this hospital ar 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Ь OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year ō P.M (If either, notify medical examiner) be detached 21d. INJURY OCCURRED ZIE PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 218, LOCATION Street of RFD No. Stote City or Town County While Not while of work TENDING 22a. I certify that (I) (this hospital) attended the deceased from 150 Whichlas 196 G and that in (my) (ear) opinion deoth occurred on the date and hour and from the saw the deceased alive anshauld vith the S couses stoted above, (1) (we) (did) (did not) view the body ofter death with 22b SIGNATURE 22c DATE SIGNED , page 3 DEGREE PHYS DIRECTOR 22e ADDRESS 22d. PHYS CIAN'S NAME (Type) director, shauld 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, REMOVAL (Specify) Glen Haven Anne Arundel 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) George J. Gonce hool Ritchie Highway 21225 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01873 01881 CERTIFICATE OF DEATH Middle Last 2n. DATE OF DEATH 2b. HOUR DECEASED NAME First dt executed within 24 hours after death Day Year and but (Type ar print) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE AGE fin years 3. SEX OAYS HOURS MONTHS I -03-8 YRS. 9. COUNTY OF DEATH within 72 haur 7a. BIRTHPLACE (State or Jorelan 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED campletely filled in by country) please remave carban papers. WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH, INDUSTRY during most of work ng life feven if retired.) 13c CITY OR TOWN a INSIDE CITY LIMITS? 13e STREET AND NUMBER event. USTIAN RESIDENCE (Where deceased lived, a ristitutional Residence before odmission) STATE 3b COUNTY and in any IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle physician and requires that the death certificate B Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. or unknown) (If yes give wor of dates of service) ar remaval, the attending phys APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) burial, crematian, DUE TO, OR signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tor use as the t f Health prior tab O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. OR CONTR BUTING CAUSE OF CEATH Month Day Year detached for the definition of the definition of the detaction of the deta P.M. (If either, natify medical examiner) State (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County director, page 3 showd be detache shauld be filed with the State Dept. 21d INTURY OCCURRED 21e. PLACE OF INJURY While Nat while at wark at wark 22a. I certify that (1) (this haspital) attended the deceased fram/ and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated above, (1) (we) (did) (and the budy after death 22c. DATE SIGNED 22b SIGNATORE STAFF DIRECTOR TO HOSPITAL (Page 4 may b 22d. PHYSICIAN S NAME (Type) 231 NAME OF CEMETERY OR CREMATORS 230 BURAL CREMATION 23b DATE REMOVAL (Specify) REGISTRARYS SHOWATURE LINERAL DIRECTOR FEB

of Air Air

01882

neral and 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camblewey fulled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any event within 72 had

30M REV

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.

Page 4 may be retained by the hospital ar attending physician.

offer death.

within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01874

			CENTI	ICAIL OF DEATH		U	TOIF			
	CEASED-NAME First		Middle	Last	2a. DATE O	F DEATH	W	2b. HOUR		
- (1	ype ar print) Edith		Pearl	Kelly		Feb. 11.	69 ^{Year}	10 a M		
3. SE	X	4 RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS I CAYS	IF UNDER 24 HRS.		
	Female	White		23 Apr. 8	1891	77 YRS.	MUNITS CHIS	INDUKS MIRC		
7a. E caun	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	UNTRY? 8 MARR	IED NEVER MARRIED	9 COUNTY O	F DEATH				
	Maryland	USA		/ED DIVORCED		Arundel		Md		
10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL OR INSTITUTION	(If not in haspital 12a. US	SUAL OCCUPATION	N (Kind of wark dane	12b. KIND OF INDUSTRY	BUSINESS OR		
	Glen Burnie	Nort	h Arundel Co	onv. Center	House	glife, even if retired) WITE	Own 1	Home		
	USUAL RESIDENCE (Where deceasission) STATE	ied lived, if institution Ri		VEC 🗀	10010	TREET AND NUMBER	1.0			
	Md	AA AA	Gle	n Burnie YES		208 Guilfor	d Road			
14 F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME		Middle		Last		
	William	D.	Mewshaw	El	iza	R.	Don	aldson		
	WAS DECEASED EVER IN U.S. AR/ es, na, ar unknawn) (II yes give y	vor or dates of service)		17. INFORMANT	_ ,	Address	4.0			
	no		4-14-4434	Mrs. Violet	Broseke	r, same as		MATE INTERVA.		
	18. CAUSE OF DEATH (Enter on PART 1, DEATH WAS CAUSE	ly one cause per line for	(a), (b), and (c),	111.1-	0 -	1 .0.		MATE INTERVAL INSET AND GEATH		
		ATE CAUSE (a)	UKI	vinna	la	parting	lo	us		
	PART 1. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (0)] DUE TO, OR AS A CONSEQUENCE OF DEATH CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF DEATH CAUSE (0)									
	Canditions, if any, which gave a rise to immediate cause (a), ((0)		Muna			0.6	egn		
	stating the underlying cause	DUE TO, OR AS A C	ONSEQUENCE OF	Kingos	t.		rea	0		
	lost. (1) papers, reclaires									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
NON	199. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 209. AUTOPSY? 1206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING									
ĮŠ.	IYO. DATE OF OPERATION TYD.	CUNDITION FUR WHICH OF	EKATION WAS PERFORMED	20a. AUTOPSY? YES MO	CALISE	S OF DEATH?	MZIDEKED IN CI	EKIITTING		
CERTIFICATION	21g ACCIDENT WAS UNDERLYIN	IC TOTAL TIME OF INITIO	y 21			un in Part 1 or Part 2 In	10 l			
	OR CONTRIBUTIONS CAUSE OF DEATH HOUR A.M. Manth Day Year									
MEDICAL	(If either, natify medical exami 21d, INDURY OCCURRED 21e,		NE FARM STREET FACTORY 1 21	F LOCATION Street as D.E.D.	Na Cib	y at Tawn	County	State		
	While Nat while at wark	OFFICE	BUILDING, ETC.	f. LOCATION Street or R.F.D.	No. City	/ di lawii	1 0	21014		
	22a Lambifu Abad (I) (Ab	is bospital\ attandar	I that docopood from	2/5 10	0/ to	6/1/ 101	that	(1) (1110) Inc.		
	220 I certify that (I) (this hospital) attended the deceased from									
	sow the deceosed alive on									
	22b. SIGNATURE 22c. DATE SIGNED									
		IN THE	7/	EGREE PHYS.	DIRECTOR L	PHYS. □ 12	Feb. 6	9		
	22d. PHYSI (IAN'S NAME (Type)	Enonle M	D	22e. ADDRESS	ol Modic	cal Group,	Glan Pu	rnie. A		
٠.	TASTA	Frank, M.					F - 100 F - 100 F - 100 F			
/3a	BURIAL, CREMATION, 23b.		23c NAME OF CEMETERY			ON (City or Town)	(County)	(State)		
24	Burial" 14 Feb. 69 Glen Haven Memorial Park Glen B rnie AA Ma FUNERAL DIRECTOR ADDRESS 250. REGISTRAR'S SIGNATURE									
	irkley Funeral	Home Glen		250. KM	EC I J	1969 REGISTIONES	TOWN OR LAND	is you		
	AND TOTAL OF COMMENTS	TIONNO GTON	DOCUMENTS AND	DATE						



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

01875

				EKINICATE OF DEATH						
를 그것들.		ECEASED-NAME First	Middle	Lost	2a DATE OF DEATH	2b. HOUR				
deod		Type or print) Cath	erine	Kennedy	Month Do					
5 F 19	3. S		4. RACE	S. DATE OF BIRTH	6, AGE (In years	1F UNDER YEAR IF UNDER 24 HRS.				
to the same		Female	Caucasian	11/18/89	lost birthday) 79 YRS.	MONTHS DAYS HOURS MIN				
by the bours of bours of hours of	7a.			8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH					
2 hc 2 hc 2	COU	ntry)		MIDOMED DIAOKCED						
filled pape	10	Maryland OITY OF TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		Anne Arundel AL OCCUPAT ON (Kind of work done	12b. KIND OF BUSINESS OR				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 81884 01876 1. DECEASED-NAME 2a DATE KNOWN Manth 2b HOUR Yeor (Type or Print) 0F 69 Edwar 0 DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX S. DATE OF BIRTH AGE I IL YOURS 2c. DATE PRONOUNCED DEAD 2d HOUR and HOURS thday) MONTHS DAYS Year 2 - 27 - 11 YRS To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Give Poges NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPAT ON (Kind of work dane after death 10 CITY OR TOWN 126 KIND OF BUSINESS OR olong with during most of working I fe, even if retired) And 2 with (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Monton YES NO Z Item 18 hours Hice after 14. FATHER S NAMEA IS. MOTHER'S MAJDEN NAME Lost This certificate should be executed within 24 poges should be forworded to the Chief Medical Examiner's 17 INFORMANT pencil **ADDRESS** (Yes, norozonknown) E E Ξ event within 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (02 DUE TO, OR AS A CONSEQUENCE OF o buriol-transit Canditians, if only, which gove rise ta immediate cause (a), the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) SD removol, CERTIFICATION be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 🗷 0 21b TIME OF INJURY Month, Day, Year 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2, Item 18) FUNERAL DIRECTOR: Poge 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 21f LOCATION Street or R F D No City or Town County State factory, office building, etc.) NOT WHILE Page pleose execute AT WORK AT WORK buriol 22a I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinion the funerol director. Suicide Natural causes Accident death resulted troo Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CA. EXAMINER 10 DEPUTY TO FUN Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230 BLRIAL, CREMATION, 23d. LOCATION (City or Town) (Caunty) VR A15ME (5) 10M REV. 1/68

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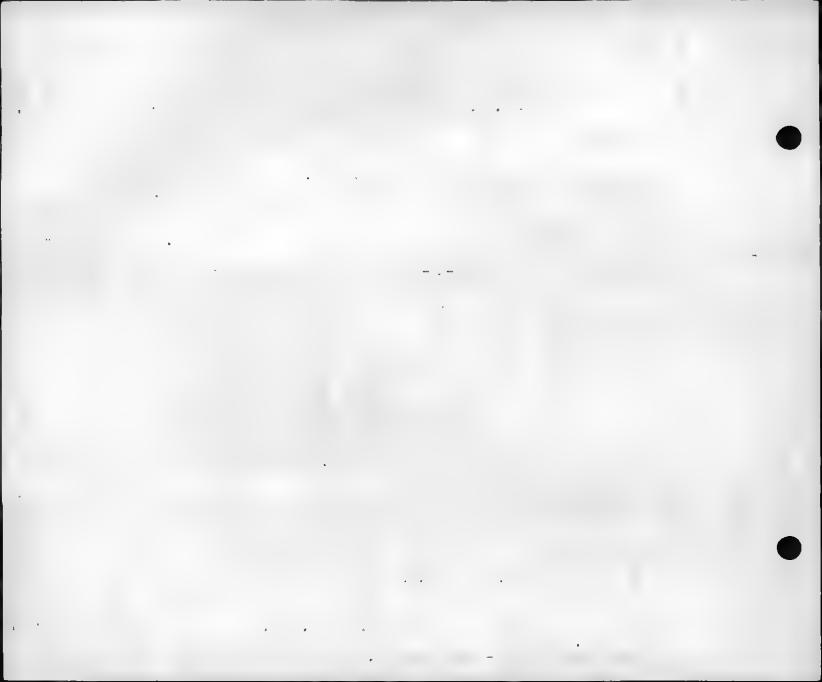
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icate isicie plea j, or		WAS DECEASED EVER IN U.S. ARA (es, na, ar unknawn) (If yes give w	retriandates of service)	SOCIAL SECURITY NO 20- 25-4.			D-41	Addr		30004
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me unter	CERTIFICATION					YES 🖂	NO 🖂	CAUSES OF DEATH?		
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ON A	П	Fiction d	1/ Sterio	4	DEGREE	ATTENDING PHYS.	MED	STAFF PHYS.	22C. DAIL SIGNED	
		22d PHYSICIAN S	7 1 / 1000	1/	DEUREL	22e ADDRESS		A 40	0.	0 4 4 4
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TO HOSPITAL OF ATTEMBLE FINYSICIAN: The law requires that the death rertificate be excluded within 24 hours after to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in as the function, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept.	230	BURIAL, CREMATION, 236		23c. NAME OF C				LOCATION (City or Town	(County)	(State)
o di di		REMOVAL Specify) Feb	6,1969		sville			dlersville	Q.A.	Md.
VR A15 00	24.	FUNERAL DIRECTOR		ADDRESS	- /]	. REC'D BY REGIS	- 1000	TRAR'S SIGNATURE	4.6.3
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01886 01878 CERTIFICATE OF DEATH 2b. HOUR A 1. DECEASED NAME Lost First Middle 20. DATE OF DEATH signed by the attending physicibn and completely filled in by the fundal burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 haurs after death (Type or print) Doy 1969eor Vivian LA VOIE February 10 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years F JNDER I YEAR lost birthdoy) HOURS Female White 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🛣 NEVER MARRIED Maryland U.S WIDOWED [DIVORCED [Anne Arundel 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Anne Arundel Gen. Hospital during most of working [fe, even if retired.) INDUSTRY Annapolis 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland Anne Arundel YES NOXIX Route 6 Annapolis 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle requires that the death certificate 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EYER IN U.S. ARMED FORCES? Yes, no, or unknown (II yes give war or dotes of service) APPROXIMATE INTERVAL 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) GETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse lo st PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the prior to CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🔲 director, page 3 shauld be detached for use should be filed with the State Dept. of Health p 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21a INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D No. City or Town County State While Not while of work ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from Feb. 5, 1969, to Feb. 10, 1969, that (1) (we) lost saw the deceased alive an Feb. 0, 1969, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE PHYS. 22d. PHYSICIAM'S 22e. ADDRESS NAME (Type) HahnProfBldg., Selerna Park, Md. Ray M. Smith. M.D. 23d, LOCATION (City or Town (Stote DIRECTOR 25b REGISTRAP'S SIGNATURE VR A15 4



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01879 FOR STATE DEPT. DECEASED-NAME 20 DATE KNOWNX First Middle Month Year 2b HOUR (Type or Print) ESTI detoy is and 3 to M3. Page Brooks o MOLLIE LEGUM DEATH MATED State Deportment SE UNDER 1 YEAR 3 SFX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 24 HRS DATE PRONOLINGED DEAD dny d. 2, ana PM3. F X8XX85YRS Yeor Dec. 25, 1883 female. white 1969 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Item 18. Give Poges 1, Office olong with farm country) Rumania USA WIDOWED DIVORCED [Anne Arundel 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH 12p. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY the Annapolis Anne Arundel Gen. Hosp. housewif a 13e STREET AND NUMBER with death. 130 USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Anne Anne odmission) STATE Mary Land 30 NGGW Avenue Arundel Annapolis 24 hours lond 2 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Lost Nathan pages Schechter Cutler I Exemen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** This certificate should be executed within (Yes, no, or unknown) 217-48-4680J Miss Renee Brooks - same as #13 above **是** 2 APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical pending PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)_ event , DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a). writing the word Ony DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse .5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 forworded Arteriosclerotic Cardiovascular Disease removol CERTIFICATION used 190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🔲 NO X e 21o. EXTERNAL CAUSE WAS 6 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 should HOUR A.M UNKP M PRIMARY OR CONTRIBUTING 125 cremation, subj. passenger in auto involved in collision CAUSE OF DEATH 21e PLACE OF INJURY (At hame, form, street, 21d INJURY OCCURRED 21f ±OCATION Street or R.F.D. No. City or Town County factory, office building, etc.) for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Anne Arundel, Md. street buriol, 22a | certify that I taak charge of the remains described above, held an | Autopsy | Inspection X Inquiry [and in my apinion funeral director. Suicide moy be retoined death resulted fram: Natural causes. Accident X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X 2/18/69 DEPUTY MEDICAL EXAMINER Werner U. Spitz, **EXAMINER'S** ADDRESS(Street, city, fown, or county) NAME (Type) BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY . 23d LOCATION (City or Town) (County) (Stole) REMOVAL (Specify) Burial Unit ed Hebrew Cem. Inc Baltimore Marylan BY PEGISTRAR E. Hopping - Brukey VR A15ME (5) DATE Hopping Funeral Home - Annapolis. 10M REV 1,68



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-	ospitol or certificate hed for u		MEDICAL	OR CONTRIBUTING CAUS	e of OEATH examiner	HOUR A.E		Year 19								
2712	Proge 4 mmy be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heal			21d. INJURY OCCURRED While Nat while at wark	21e. PL	ACE OF INJUR	Y (AT HOME FARM, OFFICE BUILDING	STREET, FACTOR ETC	21f. LOCA1	IION Street o	ar R.F.D. No		City ar Tawn		Caunty	State
3	After I After I be d			22o. I certify that a	(I) (this	hospital} a	ttended, the o	deceased	from	2/23	, 1965	, ta	2/24	, 19	<u>69</u> , that	(I) (we) las
2	ed to			saw the decea	sed aliv	e on	2/24	19_	<u> </u>	hat in (my) ith	(our) opi	nion deo1	h occurred o	n the de	ote ond hour	and from the
	may be retained RAL DIRECTOR: A poge 3 should be filed with the			226 SIGNATURE	00010, (7 /	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a, anor acc			150			DATE SIGNED	
8	be red v			(Kaill	011	CIUL	ulli	/	DEGREE	ATTENDING PHYS.	U D	IED IRECTOR	STAFF C	$\frac{2}{1}$	/24/69	
	TAL Dog File File File File File File File File	}		22d, PHYSICIAN'S NAME (Type)	1	D That	. M D	/		22e. ADDRE		1 ~ C+.	to Voc	1 401	L, Maryla	nd
į	SA TANE	1	22.0	BUCIAL CREMATION,	rles			AME-OF CEN	KILDA UB LOI	EMATORY-	ISVIII		ATION (City or To			
9	Poge 4 mmy be TO FUNERAL DIR director, poge 3 should be filed		230	REMOVAL (Specify)	>1	>7/6	9	Rloh	Bay	plest	Li au	230 000	Shil		(Caunty)	(State)
	VR A15 (()	24. [UNERAL DIRECTOR	2.	7	0 1	ADDRESS	11	1	So REC'D B	P REGISTRAL		GISTRAR"	SIGNATURE	augusta.
	30M REV, 1	/68	1	about 21 - F	and	ulo,	Severn	a Ric	uc n	0/ 1	DATE FE		1969	*	The same of the sa	C. Park



MARYLAND STATE DEPARTMENT OF HEALTH 01889 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01881 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 2a. DATE OF DEATH physician and campletely filled in by the funeral bar please remave carbon papers. Pages 1 and 2 oval, and in any event, within 72 haurs after death. 2b HOUR be executed within 24 haurs after death (Type or print) Adelaide LIVE GOOD February 2 Day 1960gar 9:07Pm 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR IF UNDER 24 HRS doy birthday) Female Cauc. MONTHS HOURS Sept. 6, 1914 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED THE NEVER MARRIED TO country) Anne Arundel WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 SUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR Manuel Gen. Hosp. Annapolis most of work (glife even it settred) 13a USJAL RESIDENCE (Where deceased lived, if institut an: Residence before 13c. CITY OR TOWN 13d INSIDE CITY MITS? 13e STREET AND NUMBER admission) Maryland Khine Arundel Annapolis 136 Pinecrest Drive YES NO 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Eirst Middle Last or removal, and in 16a WAS DECEASED EVER IN U.S. ARMED/FORCES? 1Z-UNFORMANT Address attending physic Yes, na, ar unknawn) (If yes give war of dates al service) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DISET AND DEATH OR ATTENDING PHYSICIAN: The law requires that the death PART I DEATH WAS CAUSED BY Acute pulmonary edema permit. hour IMMEDIATE CAUSE (a) cre matian, DUE TO, OR AS A CONSEQUENCE OF several infarction Candit ans, if any, which gave) signed by the burial-transit (hours (b) rise to mmediate cause (a), DUE TO, OR AS A CONSEQUENCE OF COTONARY arteriosclerosis several years stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes mellitus, Hypertension, Obesity - - - -Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the ad far use as the af Health prior ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NA NA CAUSES OF DEATH? YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INTURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town State County While Nat while at work 22a. I certify that (I) (Machasalan) attended the deceased from Oct. 10 , 1963, to Feb. 2 19 69 _, that (1) 1800e) lost , and that in (my) (ob) opinion death accurred an the dote and hour and from the saw the deceased alive on couses stated above, (IX(we) (did) (did and) yiew the body after death. 22b, SIGNATURE 22¢ DATE SIGNED ATTENDING Feb. 3. 1969 directar, page 3 shauld be filed v DEGREE DIRECTOR 22d, PHYSICIAN'S 22e ADDRESS NAME (Type) Charles W. Kinzer, Murray Ave. Annapolis, Md. 21401 BUR AL, CREMATION 23b DATE NAME OF REMETERY OR CREMATORY VR A15 [4]

TO MOSPITAL OR ATTINDING MIYICEN; The law requies that the death certificate becaused within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and toppletely filled in by the funer director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 of should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de-Page 4 mily be retained by the hospital or ottending pllysicion.

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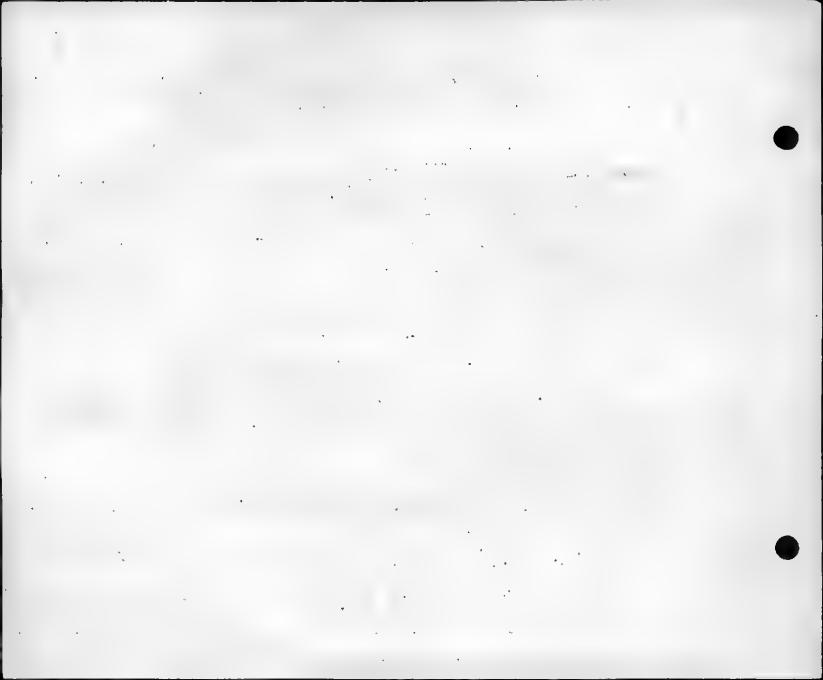
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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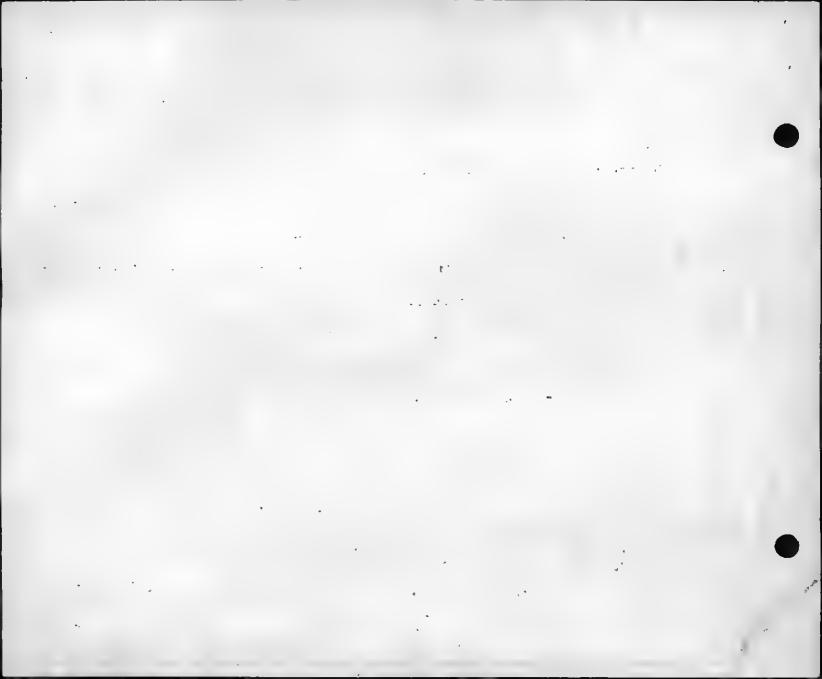
		CEASED-NAME	First		Middle		Last		2a. DATE OF DE				2b. HOUR	
	(1	ype or print)	VERN	ONT	DOMINIC.		LOVE		I	Month eb.	18,	1969	11:30 ^A	
	3. SE	X	V P. P. IV	4. RACE			S. DATE OF B		6.	AGE (In ye	ors IF U	INDER I YEAR	IF UNDER 24 HRS.	
	N	Male		White	e		June	4, 1904	4 1	ast birthday 64	YRS. MON	THS DAYS	HOURS M N	
		IRTHPLACE (Stote	or foreign 17	76. CITIZEN OF WH		8. MADDIE	D XXEVER MAI		COUNTY OF DE		1100			
	coun	try)		U.S. A	\	WIDOW		RCED	Anne A	A reserve	اما		Md.	
ŀ	0. (Mary ITY OR TOWN OF		11_NA	ME OF HOSPITAL OR INS	TITUTION (If nat in haspital	12g USUAL	OCCUPATION (KI	nd of work	dane I	2b. KIND OF E		
		Edgewa		ouzel3	each	1402	Schoon	e during mos	t of working ife	, even if re	tired.)	NDUSTRY		
9	30	USUAL RESIDENCE	(Where deceases	d lived, if institute	ea.cn an. Residence before		or Iown reham	13d INSIDE CITY LUM!	Mecher 152 13e STREET	AND NUM	BER		Cransit	
4.	dmi		Md.	13b COUNTY		Shor		YES NO				Stree	t	
Ť	14. F	ATHER'S NAME	First	Anna A	rundel Last	IN CO.		AIDEN NAME Firs	st	Mi	ddle		Last	
Н		т	ohn	Berry	Lov	Α.		Marv	Rose	2 22 22 2	E.	TZ	ott	
ŀ		WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY N		7 INFORMANT	Waly	N.USE		dress	\\ \	DIL	
	Y.	es, no, or unknown) (If yes give war	or dates of service)	578 10 55	42	Helen D	. Love	Sam	e as	#13			
-	T	18. CAUSE OF D	EATH (Enter only	one cause per lin	e for (a), (b), and (c).)								LATE INTERVAL ISET AND DEATH	
		PART I. DEA	TH WAS CAUSED	BY: //	reliel		Wia					WEITHER OF	TOTAL SERVICE	
		1377	. IMMEDIAII											
		Conditions if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Facture Tackure												
		rise to immediate cause (a),												
		lost.												
		PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE ORCO	NDITION GIVEN IN	PART 1(a)				
	_	(inker	is of t	lus lin	115	V							
	AT70	19a. DATE OF OPER	RATION 19b. Co	ONDITION OR WHI	ICH OPERATION WAS PER	FORMED	20a. AUTO	PSY?			DINGS CONSI	DERED IN CE	RTIFYING	
	CERTIFICATION			V			YES [NO W	CAUSES OF	DEATH?				
~ ^ "	CER	21a. ACCIDENT W				21c	HOW INJURY OC	CURRED (Enter I	noture of injury i	n Port 1 or	Port 2, Item	18.)		
	MEDICAL	OR CONTRIBUTING	CAUSE OF OEATH medical examine	HOUR A.M.	Month Day Year									
		21d. INJURY OCC	URRED 21e. P	LACE OF INJURY	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		LOCATION Stre	et ar R.F.D. No.	City or	Town	C	ounty	State	
		While Not w	hile 🔲	,	Gerick Busineria, ETC.	1								
		22o. L certify	thot (I) (this	hospital) atte	ended the deceose	d from.	1901	C, 196	8 , to D	ATE	., 196	thot	(I) (we) last	
		saw the	deceased ali	ve on /O	45/-	967.0	and that in (m	ry) (o ur) opin	ion death occ	urred on	the dote	ond hour c	and from the	
			rated above,	(I) (we) (did) ((d id not) view the l	ody offi	er deoth.				1 00 000	CICHED		
		22b. S/GNATURE	100	. LL!	1, mita	MDo	ATTEND1	NG MEI		TAFF	22x DATE	SIGNED	1969	
		DDA DIPUTATION	cum	, ra. C	m and	141/0	EGREE PHYS 22e. ADI		ECTOR P	HYS. L	18	14-	1/6/1	
		22d. PHYSICIAN'S NAME (Type)		m H C	hoate, M.	D			7 0 175	-			Md.	
ļ	00	BUBBLE CREEKING						onial B			ilding		polis.	
- 1		BURIAL, CREMATIC REMOVAL (Specify	3		23c. NAME OF				23d LOCATION		, ,	County)	(State)	
	Bi	rrial FUNERAL DIRECTOR	2.1	21/69	Ft.	Linc	oln	250 BELLU BA	Colma	75h alle	nor I	D G.	Md.	
8								DATE PR	REGISTRAR	2Sb riREG	JANA B	- Jacob		
N //		rancis	Liasch!	Sons	Hyattsvill		arvia no	DAIL						



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01883 Lost 2a DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Yeor 6 AGE (In years IF UNDER 1 YEAR IF UNDER #4 SIRS 3. SEX DATE OF BIRTH ages HOURS lost birthday) DAYS and campletely filled in by the YRS within 72 hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 7a. BIRTHPLACE (State or fareign country papers WIDOWED 12 DIVORCED INAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR JOWN OF DEATH 12b KIND OF BUSINESS OR uve street/address during most of working life, even if retited. carban event, 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY JMITS? 3e STREET AND NUMBER 13c CITY OR TOWN STATE 13b. COUNTY YESF remaye Land in any Middle 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First ,Last Last First a playsicion o 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawh) (If yes give wat or dates of service) burial, crematian, ar remova the attending p 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY signed by the attending burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been State Dept. of Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES [216, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) detached far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor PM. (If either, notify medical examiner) AT HOME FARM STREET, FACTORY, 1 211 LOCATION Street or R.F.D. No. 21d INJRY OCCURRED 21e PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while ot work ot wark 220. I certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on. director, page 3 shauld shauld be filed with the couses stoted above, (1) (we) (did-not) view the body after death 22b SIGNATURE 22c. DATE SIGNED TO HOSPITAL OR PHYS DIRECTOR PHYSICIAN 22e ADDRESS NAME (Type) OR CREMATORY LOCATION (City # BORIAL CREMATION Stote) 25g, REC'D BY REGISTRAR 2Sb. VR ATS







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been

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requires that the death certificate be executed

CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a DATE OF DEATH perent files in by the funeral school papers. Bages 1 and 2 ent, within 72, have after death. 2b HOUR (Type or print) Month ROSE CAROLINE MC NAIR February 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years IETINDER 3 YEAR IF UNDER 24 HRS. FEMALE 1883 CAUCASIAN 24 December YRC 7a BiRTHPLACE (State or foreign 7b C.T.ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED-DIVORCED [7] ANNE ARUNDEL Pennsylvania IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspitor 120 USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address) NAVAL during most of working life, even if retired) INDUSTRY ANNAPOLIS HOSPITAL 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY JIM TS? 13e STREET AND NUMBER odm ssion) STATE AND ARUNDEL ANNEPOLIS YES TY 203 MEADOWGATE DRIVE 14. FATHER'S NAME First Last 15 MOTHER S MAIDEN NAME First Last DEAGLE FREDERICK Dorothy unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 267-728-968 CHARLES F. MCNAIR. 203 MEADOWGATE DRIVE APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a)
PELVIC ABS BETWEEN ONSET AND DEATH PELVIC ABSCESS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) DIVERT ICUL IT IS nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f EOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while of wark 22a. I certify that (1) (this haspital) attended the deceased from 30 September 68, ta20 February 69, that (1) (we) last saw the deceased alive and February 1969, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF 21 February 1969 DEGREE DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22e. ADDRESS MC USNR NAVAL HOSPITAL, ANNAPOLIS MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b DATE 23d LOCATION (City or Town) (State) ((aunty) Arlington National Cemet. Bever Tey E. Hopping

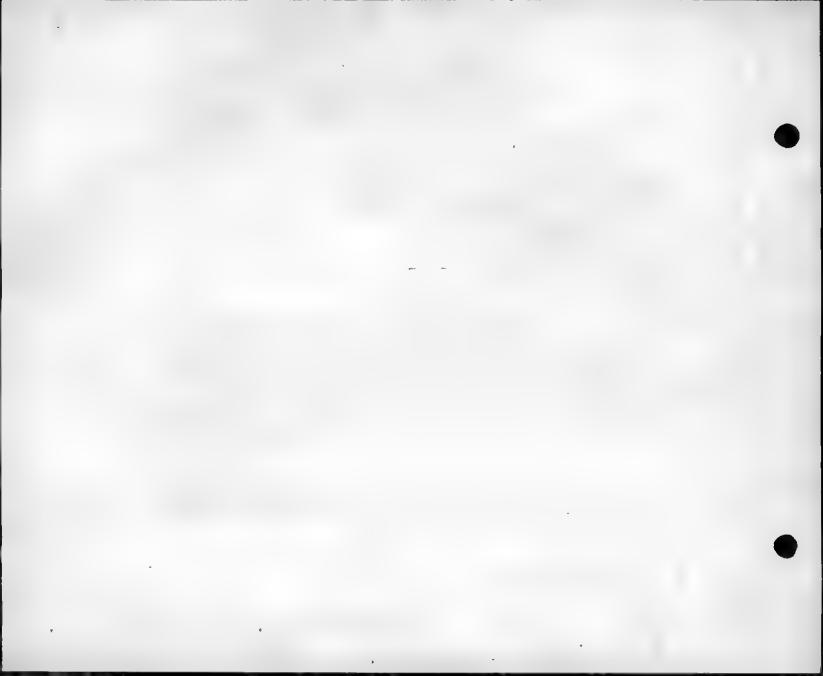
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Honning Funeral Home -

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director, page 3 shauld shauld be filed with the



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01887 CERTIFICATE OF DEATH . DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR death. be executed within 24 hours after death. and (Type ar print) Month ysicion and completely filled in by the funeral pieces remove carban papers. Pages 1 and carry 6. AGE (In years lost but) 4 RACE IF UNCER I YEAR 3. SEX IF UNOER 24 HRS S. DATE OF BIRTH DAYS HOLRS hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLAGE (State as-foreign 76 5. a. WIDOWED SZ DIVORCED [hin 72 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work, done 10. CITY OR TOWN OF DEATH during place of Volumelite Lake Whited 1 event, with 136 STREET AND NUMBER 130. USUAL RESIDENCE (Where deregoed aved, if institution, Residence before 13b. COUNTY 4uo 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First requires that the death certificate 16b SOCIAL SECUR TY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) burial, cremation, or removal the offending plants 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).
PART 1. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH Level IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove; burnal-tronsit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar to L as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [Health O FUNERAL DIRECTOR: After this certificate by the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <u>ö</u> OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M Month Doy Year detached fi te Dept. of F (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 27f LOCATION Street or R.F.D. No. City or Tawn State County While Not while of work OFF CE BUILDING, ETC of wark 22a. I certify that (I) (this hespital) attended the deceased from 19 7, to 19 7, and that in (my) (aur) apinian death accurred an the date and haur and from the ATTENDING be retained director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE TO HOSPITAL OR Page 4 may be re MED DIRECTOR DEGREE 22d. PHYSICIAN S 22e ADDRESS (County) (Stole) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23h DATE REMOVAL (Specify) Newcottedrol Cenetery VR A15 44 250 REC'D BY REGISTRAR FUNERAL DIRECTOR 30M REV.



Home/Glen Surnie, Md.

25b. REGISTRAR'S SIGNATURE

25g, REC'D BY REGISTRAR

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2 A 15 A 30M REV

24 FUNERAL DIRECTOR

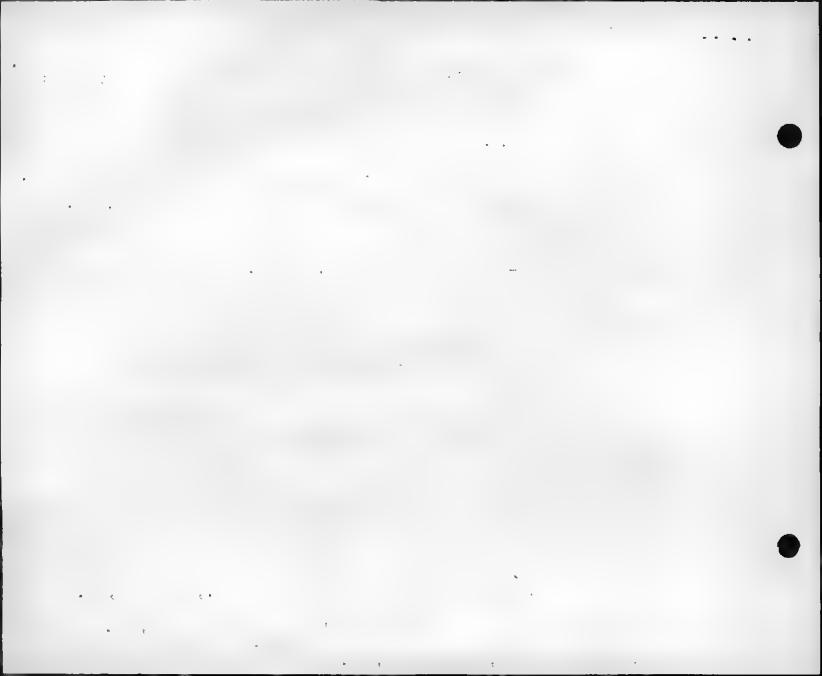
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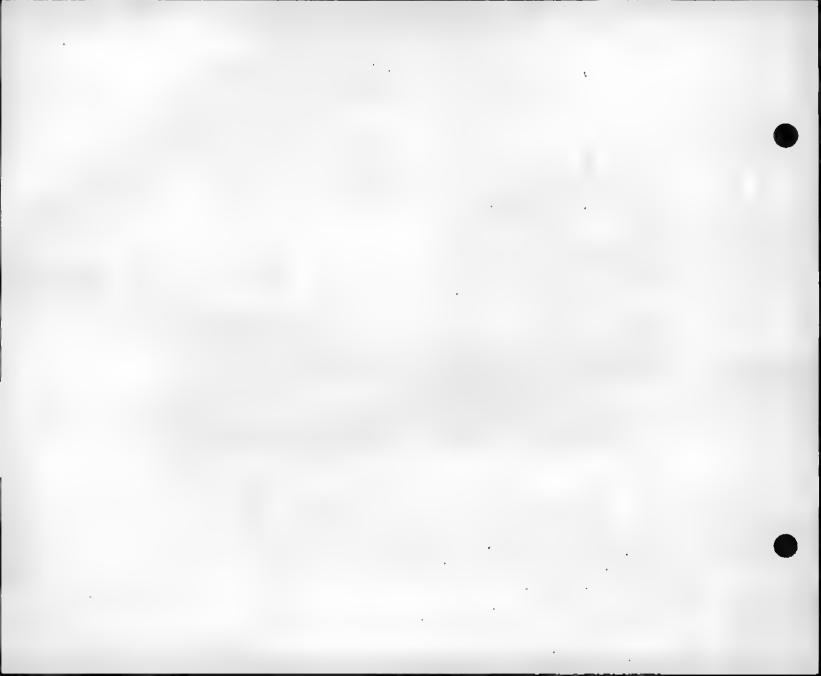
Glen Burnie, Md.

DATE

VR A15



MARYLAND STATE DEPARTMENT OF HEALTH 01890 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01898 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g DATE OF DEATH 25 HOUR rtificate has been signed by the attending physician and completely filled in by the funeral of far use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 of Health priar to burial, crematian, ar remaval, and in any event, within 72 you's after death within 24 haurs after death (Type or print) Dov Year /3 3. SEX 4 RACE S DATE OF BIRT IF LINDER YEAR 6 AGE (n years IF LINDER 24 HRS. lost birthday) DAYS HOURS MONTHS YRS 7a 8IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? OUNTY OF DEAT country) WIDOWED DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work gone 26 KIND OF BUSINESS OR street address) 130 USUAL RES DENER (Where deceased lived, if institution, Residence before Jage STREET, AND NUMBER 13c CITY OR TOWN 3d INSIDE CITY SZT AJ. admission) STATE 14. FATHER'S NAME First Middle IS MOTHER S MAIDEN NAME First £ast Middle Last OR ATTENDING PHYSICIAN: The law requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown (d yas give wor or dotes of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. BETWEEN DISSET AND GEATH IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nse to immediate couse (a). Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [MO 🗌 TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt 21e ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, EARM, STREET FACTORY,) 21f. LOCATION 21d IN. JRY OCCURRED 21e. PLACE OF INJURY Street or R F D No. City or Town County State White Not while of work 22o. I certify that (I) (this hospital) attended the deceased from... 2 -9 19 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive on... couses stoted above, (I) (we) the (d.d not) view the body after death 22b. S GMATURE 22c DATE SIGNED ATTENDING DEGREE 22d. PHYS CIAN NAME (Type L, CREMATION, VAL (Specify) 23b DATE (County) VR A15 (4) 45M - 1/69



1		MARYLAND STATE DEPARTMENT OF HEALTH			
		O 1 8 9 9 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE	<u> </u>	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1891		
HEALIH DEPI.	1, 0	ECEASED NAME First Middle Last 2a DATE KNOWN Manth Type or Print) OF ESTI-	Doy Year 25 HOUR		
30 to 80 to 10 to		CAIVIN H MUITEUS DEATH MATED 2	24 1969 PN		
delo ond 3	3 5	EX 4 RACE S. DATE OF BIRTH 6 AGE (in years 15 UNDER 14 VEAR F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 16 AGE (in years 16 UNDER 14 HRS 16 UNDER 24 HRS 16 UNDER 24 HRS 17 UNDER 24 HRS 17 UNDER 24 HRS 18 UNDER 24 UNDER 2	4 Year 1969 PN		
1, 2, m Pl	70	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH			
es for the te	cobi	WIDOWED Home Hours de 1.	Co M		
19 S 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10 1	dumganost wyorking hierard address)	126 KIND OF BUSINESS OR INDUSTRY		
. 5/ _ # = 1		USUAL RES DENVEZ Where Receosed lived, if institution residence defare 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER			
~ 2 E	<u> </u>	dmission) STATE Mas 13b. COUNTY Cle Cle Tracipality YES IND D			
24 haurs in Item Aris Office is Office is a land 20 is after d	14	ALMER'S NAME First Middle Last TS NOTHER'S MAIDEN NAME First Middle Middle March	MO Lost		
within 24 puncil in Examiner's File pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 15c 14:413 GOLD UNITED TO COLOR	Landing		
ed with the part of the part o		18 CAUSE OF DEATH (Enter an y ane cause per line far (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH		
be executed ''perding'' ≡ iief Medical Es iinsi permit. Fi event within.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carterio elevade a Carterio alcher Chianne	. \		
X 2 5 C =		4-124 DUE TO, OR AS A CONSEQUENCE OF	Surla		
be ip insi		rise to immediate cause (a). (b) Chonce a Ochalomic			
shauld be e te ward "pel o the Chief ! burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF			
she we to the buri		(c)			
terrificate ships writing the farwarded to used as a burnermoval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)			
rriffi vara ed c	NO.	190 DATE OF OPERATION 195 COND T ON FOR WHICH OPERATION	20 ALTOPSY?		
	CERTIFICAT:ON	WAS PERFORMED?	YES TO NOTE		
fica fica fica Id b		21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c How INJURY OCCURRED (Enter nature of in ary in Part or Part 2, Ite			
MINER: The certificate the should be to tiles. In tiles. In tiles. In a should impair to the should in tiles.	MEDICAL	CAUSE OF DEATH P.M 19			
DEPUTY SICAL EXAMINER: sessary, please execute the certifue funeral director Page 4 should may be reto ned for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,	W	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while at work	County State		
CAL Executor Page 1 Pag		22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🥦 Inquiry 🔀	and in my apınıar		
HCAL e exe ttor P eed fo ECTOR burno		death resulted from Natural causes 🛴 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner			
olease direct direct DIREC		CHIEF MEDICAL EXAMINER			
TY ple value of retained prior		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE	IIGNED / S		
DEPUTY ressary, e funeral may be n FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER 2/3	161		
TO DEPUT' The funers S may be TO FUNERA Health p	220	NAME (Type) E. L. M. M. M. C. ADDRESS (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CAT ON (City or Lower)	tounty) (Sinta)		
<u> </u>	Z	3EMOVA SPECTULE 3-1-1949 UNION CHAPLE Bristel	(County) (Vale)		
VR ATSME (5)	24	FUNERAL DIRECTOR ADDRESS ADD	IGNA PIRE		
10M REV 1/66	14	MINIMUM DATE DATE	0		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician bad completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers / Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any eyent, within 72 hours after death

CERTIFICATE OF DEATH

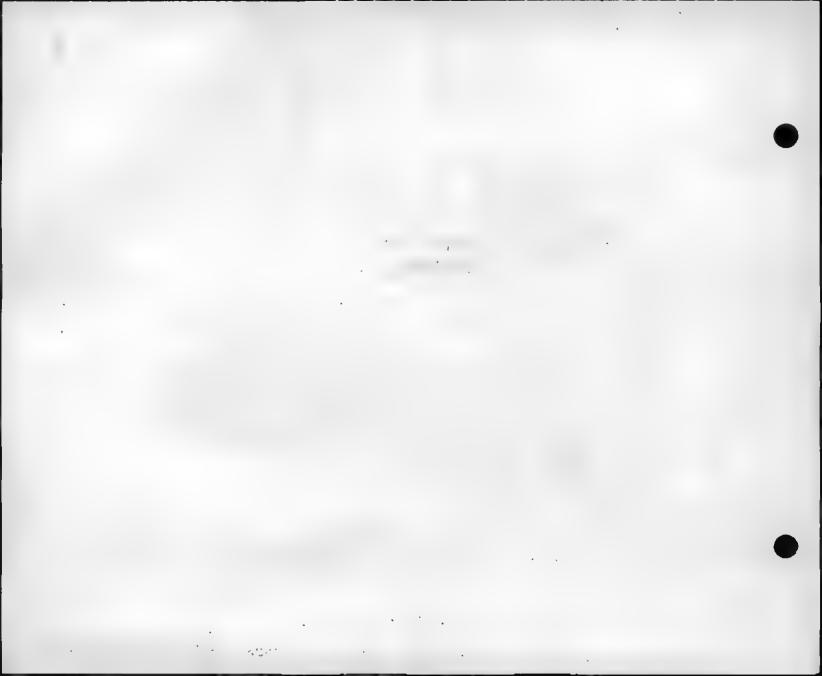
						-144111	CHIL O	PEAL							
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(1	(ype or print) F1	ance	5 ((none)		1	TURRAY			Februar	Month 2]	LDOY 1	969	3:	00 i
3. SE	X		4. RACE				5. DATE OF	BIRTH		6. A	GE (In years	IF JN	DER 1 YEAR	IF UNDER	
]	Female		1	Vegre			Feb.	13.	188		t hirthdoy) Y	RS. MONTH	IS DAYS	HOURS	MIN
7a E	BIRTHPLACE (State or for	eign 7	b citizen of Wi	HAT COUNTRY?		B. MARRIEI	NEVER N			OUNTY OF DEAT	Н				
(00)	Maryland		U.	S.	-	WIDOWE		ORCED	A	nne Arur	ndel				M
10 C	ITY OR TOWN OF DEATH		H. R	AME OF HOSPITA	AL OR INST	TUTION (H	not in haspita	12a	JSJAL O	CCUPATION (Kind	at work do		KIND OF	BUSINESS	OR
	Annapolis		An	street address) ne Arur	ndel	Gen.	Hospit	al durin	ng mast a	of working life, e	ven if retired	d) [IN	DUSTRY		
130	USUAL RESIDENCE (Whe	re deceosed	lilived, if institut	ion Residence	before	3c. C.TY C	R TOWN	13d INSIDE	CITY LIMITS?		ND NUMBER				
aami	ission) STATE Marylan	d	Anne A	rundel		Anna	polis	A£2	NOX	Rt-2	Box	156			
	ATHER 5 NAME FIRS		Middle		Last		15 MOTHER'S	MAIDEN NAM	ME First		Middle			Last	
	Fra	nk	NMN	Crem	well	. 1		Re	che	7 N	MN	Ge"	lber	t	
160	WAS DECEASED EVER IN	U.S ARMEI	FOR(ES?	16b. SOGAL SE	CURITY NO). 17	INFORMANT		VIII	*1	Address				
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	18. CAUSE OF DEATH	(Enter only	one cause per _e lii			ì		10		/ ^			APPROX	MATE INTERV	ÀL
	PART I. DEATH W/	AS CAUSED I	CAUSE (o)	remia	1 / .	049	estilo.	Hon.	111	a Cur	e	7	Laci	2 . (/ (len
	4124	·		S A CONSEQUE	NCE OF	1			0				0	70	Mer.
	Conditions, if any, whi		(6)	Duper		1 Fh	knin	80 Cm	not	ic Wal	indas	20 /	mar	m	
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	last (c)												-		
	PART 2. OTHER SIGNIFI	CANT COND		TING TO DEATH	BUT NOT	RELATED	TO THE TERMI	NAL DISEASE	ORCOND	ITION GIVEN IN P	ART 1(a)				
2"											, ,				
ATIO	190. DATE OF OPERATION	19b. CO	NDITION FOR WH	ICH OPERATION	WAS PERF	ORMED	20a. AL	TOPSY?			WERE FINDING	GS CONSIDE	RED IN C	RTIFYING	
CERTIFICATION							YES (NO	O KK	CAUSES OF D	EATH?				
	21a. ACCIDENT WAS U		21b. TIME O			21c.	HOW INJURY (OCCURRED ((Enter nat	ture of injury in f	art 1 or Part	2, Item 1	8.)		
MEDICAL	OR CONTRIBUTING CA		HOUR A.M.	Month Day	Year 19										
ME.	ATA TRILIBY OCCUPACE	[01- pt	ACE OF INJURY	AT HOME FARM S	STREET, FACTO	RY) 21f.	LOCATION SI	reet or R.F.D). Ng.,	City or Ta	พล	(ou	nty	St	ate
	While Not while at work]		y ornice BUILDING,	E1C		1		/	, 0	,	1			
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	saw the dece	ased any	e on_&_	20	19	CO2, a	nd that in 6	my) (our)	opinio	n deoth occur	red on the	date an	d hour	ond fro	m th
	couses stated	above 4	म् (we) (did)	(did-not) vie	w the bo	ady after	deāth.								
	226 SIGNATURE	-41	lon h	OL.			ATTEN	DING YEY	MED	STA		DATES	IGNED/	_ ^	
	22d. PHYSICIAN'S	100	WHI	um		DEC	REE PHYS		DIREC	TOR PHY	۵ ای	2/06	1/4	29	
	NAME (Type)	TED	F. VER	KOUI	11/			DORESS	no et	Davisco	Annon	, 1 i c	Ma	/	
22.0	DUDIA (DEMATICA)	23b. DA				HITTIDY O				Drive,				IF.	
230	BURIAL, (REMATION, REMOVAL (Specify)						R CREMATORY		23	ld LOCATION (Cit			inty)	(State)	
24	Burial FUNERAL DIRECTOR	12-2	25-1969		DDRESSA		Churc	2Sa REG	C D BV DI	CIGIDAD Lo	Sh REGISTRA	A.A.	U •		
A .	E. Hicks	3 7 7	43-45	Nanth	AN WE	t St	RA	N.	IAR *	G13RAR 1969	an Kroistke	WOOK WY	The same	Dellas.	
J .	D. BICKS	الخالف	オシーエン	74 A T. OT:	1110	U 10 U		DATE			V		U	-	

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A I		ems 10&22 a 7-69 ams DI V					AKIMENI OF N STREET, BALI		IAND 21201			
FOR STATE		01901					ERTIFICATE		21241	0	1893	
HEALTH DEPT.		ECEASED NAME	First		Maddi		Last	0,,,,,,	2a DATE KNOWN	Manth Day	y Year	2b HOUR
is to to of		Type or Print) GF	REGORY		E.		MYRIC	K	OF ESTI-	2-26	1969	M
d 3 d 3 . Po	3 5	EX 4. RACE	5.	DATE OF BIRTH		6 AGE (In years last birthday)	F JNDER 1 YEAR MONTHS DAYS	IF JADER 24 HRS HOURS AMA,	2c DATE PRONOUNCED			2d HOUR
dny deloy is 2, ond 3 to PM3. Poge	-	ale Neg		8-29-65		3 YR	s.		February	^{Doy} 26,	Year 19 69	A. M
57 8	7a (01)	BIRTHPLACE (State or foreign	75 сп	TIZEN OF WHAT	COUNTRY?		ARRIED NEVER MA		UNTY OF DEATH			
ges Riforn ate	10	MARYLAND		U.S.A.	F OF HOSPITAL			ORCED 📋	ANNE ARUN			Mo
offer deoth	10.	ITY OR TOWN OF DEATH Ft. Goo.Me	V				N (If not in hospital		CCUPATION (Kind of war	k done 12b etired INDL	KIND OF BUSIN	IESS OR
ofter deo 8. Five Po along with with the S	130	USUAL RESIDENCE (Where						3d NSIDE CTY LIMITS?	NONE	ED TO	NONE	0.0
s offer 18. Vilh deoth	0	dmissian) STATE Md.		Prince			urel	YES NO	Whiskey B	Kre.	T DX T	.08
24 hours in them 18 r's Office es 1 and 2 rs offer d	14	ATHER'S NAME First		Middle	GEOLEE	last	IS. MOTHER'S MAI		Mids Mids		lost	
A the soft of the		DANÉ	ÓLERT.		MYRIC	V 1		GRACE			RYAN	
hin 24 ncil in miner's pages hours	160.	WAS DECEASED EVER IN J.S. A	RMED FORCES		b 500 At SECH		17 INFORMANT	GRALE	ADDRESS		VIPAN	-
File p	L	es, na, or unknown) (H	yes give war or di	otes of service)			GRACE	MYRICK	BOX 80 R	.E.D.#1	LAURE	I M
be executed with period from the from t		18 CAUSE OF DEATH (ET PART I DEATH WAS	nter only one	cause per line	for (o), (b), a	nd (c))					APPROXIMATE IN BETWEEN ONSET AN	
executed nding: Medical permit it within		PART I DEATH WAS	Caused by MmcDiate Cal	USE (a)	F	Incepha	lonyocar	ditis				TO BUNIT
exe end if Me				DUE TO, OR AS	A CONSEQUEN	ICE OF						
Tans		Conditions, if any, which itse to immediate cause	(a), ((b)								
should be e ne word "per o the Chief I buriot-transit		stoting the underlying of lost.	ouse	DUE TO, OR AS	A CONSEQUE	ICE OF						
to the bur		_	, conditions	(c)	TO DEATH OF	T NAT OF ATE					.	
INER: This certificate should be executed within 24 hours ofter deoth se certificate, writing the word "pending" in pencil in them 18. Sive Pages 1, should be forworded to the Chief Medical Examiner's Office along with form fles. 3 should be used as a burial-transit permit file pages land 2 with the State Department, or removal, and in any event within 72 hours ofter death.		PART 2 OTHER SIGNIFICANT	CONDITIONS	COMINIBUTING	TO DEATH BU	I NUI KELAIEL	TO THE TERMINAL D	IISEASE OR CONDITIO	ON GIVEN IN PART I(a)			
his certif ate, writi e forwor be used r removal	CERTIFICATION	190. DATE OF OPERATION		19	b. CONDITION	FOR WHICH OF	ERATION				20 AUTOPSY?	
for for rem	I SE				WAS PERFO	RMED?					YES 🛣	NO 🗍
ifica d be d be		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBU	TING [7	TIME OF INJ HOUR A.M.	URY Month, Do	y, Year	21c HOW INJURY OC	CURRED (Enter natu	re of injury in Port 1 or	Port 2, Item 1		
NER: T certific hould b les. should rtion, or	MEDICAL	CAUSE OF DEATH	, I	P.M.		19						
	¥	21d INJURY OCCURRED WHILE THOO WHILE	21e PLACE	OF INJURY (At I	nome, farm, st etc.)	reet,	21f LOCATION Street	or R F.D. No	City or Town	Co	ounty	Stote
		AT WORK L AT WORK L										
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pleose e director retained DIRECT or to Su		death resulted fro	am No	itural causes	X, Ac	ident	Suicide,	Hamicide	, Undetermined m	nanner 🔝		
Ty please y, please and direct be retaine tal DIREC		ACTUAL	87	`	مد وسد	9		EF MEDICAL EXAMIN		2b DATE SIGN	150	
UTY, July, Per pri		SIGNATURE	-		110			ISTANT MEDICAL EXA UTY MEDICAL EXAMI			27, 19	69
o DEPUTY DICA necessary, please est the funeral director. 5 may be retained o FUNERAL DIRECTO Health prior to but		EXAMINER'S Ch	arles	S. Spr	ingate	, M.D.		RESS(Street, city, to		<u> </u>	213 23	<u> </u>
10 To	23a	BURIAL, CREMATION,	23b DATE		23c NAA	E OF CEMETER	OR CREMATORY	23d	LOCATION (City or Town	n) (Cau	inty) (Stat	e)
·		BURIAL	0 3-1	-69			CEMETERY		LAUREL P	R. GRG		
VR ATSME (5)	24.	FUNCE DIRECTOR	Sum	rollu		ADDRESS		250. REC'D BY RE	GISTRAR 2Sb. REG	ISTRAR'S SIGNA	ALURE	1.27
10M REV 1/68	L	ROBERT L. S	NOWDE	<u> </u>	ROCKY	ILLE,	4D	DATE NIMIN	4 1969	7	3 8 6	7



MARYLAND STATE DEPARTMENT OF HEALTH 01902 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01894 DECEASED-NAME Middle 20 DATE OF DEATH 2b. HOUR death and (Type or print) 970 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IE UNOER I YEAR IE UNDER 24 MRS lost buthday) MONTHS OAYS HOURS 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street address) / Conta during most of working life, even if retired) INDUSTRY DOM ween 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN T3d. INSIDE CITY LIM TS? event requires that the death certificate be executed admission) STATE physician and comp COUNTY YES NO remave and in any 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Lost Middle Lost please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address [If yes give war or dates all service] Yes no or Linknown) removal, WAR en the attending parent. The APPROX MATE INTERVA CAUSE OF DEATH (Enter only one couse per new or (o), (b), ond (c)) TWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) cremation, Canditians, if any, which gave burial transit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be retained by the haspital ar attending d far use as the of Health prior ta has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS REFORMED 20o. AUTOPSY? 20h, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO 🕝 TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 215. TIME OF INTURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year If either, natify medical examiner P.M be detached State Dept. 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION 21e. PLACE OF INJURY Street or R F D No. City or Tawn Stote County While Not while of work ot work OR ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (aur) apinian death occurred on the date and have and fram the saw the deceased alive on.... shauld causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED. ATTENDING PHYS STAFF PHYS director, page should be filed ed DEGREE DIRECTOR Page 4 may 22d PHYSIC ANS 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OF CREMATORY 23a. BURIAL CREMATION 23b DATE LOCATION (City of (Stote) 24 FIINERAL DIRECTOR



01903

TO FUNTRAL BIRECTOR: After this certificate Lias Leen signed by the attending physician and (ampterely) filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remove carben papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burnal, cremation, ar remayal, and in any event, with the State Dept. at Health priar ta burnal, cremation, ar remayal, and in any event, with the State Dept.

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the llospital ar attending physician.

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	01903	DIAISION OF AIL		ERTIFIC			MUKE,	, MAKTEANU 212	O IO	1895	5	
1. D	ECEASED NAME First		Middle		Last		2a. D.	ATE OF DEATH			2b	HOUR
(1	(ype or print) Kat	therine	6.	p,	wlak			Month Day Yeor 2 7 69			5.	50#
3. 5		4. RACE			S. DATE OF E	IRTH	_	6. AGE (In year	rs I	F UNDER I YEAR	IF UNDER	
1	_							last birthday)	M	ONTHS DAYS	HOURS	MIN.
ļ.,	Female	White 7b. CITIZEN OF WHAT C	OHINTOVO	9		24/90	0. COLIN	1 78	YRS.			
	ntry)		UUNIKT?	8. MARRIED			y. LOUN	III OF DEATH				
	unknown	US		WIDOWED [RCED []		ne Arundel				Md
10. 0	ITY OR TOWN OF DEATH	II NAME C	OF HOSPITAL OR INST	ITUTION (If no	t in hospitol	120. USUA		ATION (Kind of work orking life, even if reti		12b. KIND OF	BUSINES:	OR
	Crownsville	Cro	address) wnsville	State	Hosp	ital		orking tile, even il reli	i eu j	INDUSTRI		
13a	USUAL RESIDENCE (Where deceas	ed livid, if institution. I	Residence before	13c. CITY OR	TOWN	13d INSIDE CITY LIN		3e STREET AND NUMB	ER			
pam	ission) STATE Maryland	Jab. COUNTY		Balti	more	YES NO		818 S. De	cker.	-Avenu	ρ.	
	FATHER'S NAME First	Middle	Lost			AIDEN NAME FI	rst	Mid			Lost	
	Frank					Δ	ntoi	inette				
16a.	WAS DECEASED EVER IN U.S. ARM		SOCIAL SECURITY NO	0 17 11	IFOR MANT		111.0	Addr	ress			
١	'es, na, ar unknown) (If yes give w	var or dates of service)	16 00 77	20 11.		1 20000	3.	Conservation of T	1. 1		. 1	
				30-1-HC	isb res	L RECOT	Q5 ,	Crownsvil	19,-	"APPROX	MATE INTER	VAL
	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED	n nur			Jan -					BETWEEN O	NSET AND	DEATH
1	11 1/ V IMMEDIA	and depose (a)	arcino	mi	1941.	-				+	3	
	164	DUE TO, OR AS A	CONSEQUENCE OF		, 41	, , ,		67				
	Conditions, if any, which gave) rise to immediate cause (a),	1-1-	canis	2 14	u	U. br	CA	al		-		
	stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF									
	lost.	(r)										
	PART 2 OTHER SIGNIFICANT COM		TO DEATH BUT NO	T RELATED TO	THE TERMIN	AL DISEASE OR CO	ONDITION	N GIVEN IN PART 1(a)				
z	Secum	dary 4%	conia									
MEDICAL CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PER	FORMED	20a. AUT	DPSY?		20b IF YES, WERE FIND	INGS CON	ISIDERED IN C	RTIFYIN	G
E		-			YES [NO 🔲		CAUSES OF DEATH?				
ĕ	210. ACCIDENT WAS UNDERLYIN		JRY	21c. HO	W INJURY O	CURRED (Enter	noture	of injury in Port 1 or P	ort 2, Ite	m 18.)		
₫	OR CONTRIBUTING CAUSE OF DEAT		onth Doy Yeor									
WED		PLACE OF INJURY (AT H	0ME, FARM, STREET, FACT	ORY.) 21F 10	CATION Stre	et or R.E.D. No.		City or Town		County		State
	THE REST OF STREET	OFFIC	E BUILDING, ETC.	1		VI 01 KII ID1 1101		,		,		
	at work at wark	is hasnital) attende	d the decodes	d fram C	10	10 /	→ 1	n 2/7	10	60 that	111 /14	(a) Jasi
ш	22a. I certify that (I) (the saw the deceased a	dive an2/	.7	69. and	that in (n	ny) (aur) apir	nian de	eath accurred on t	he date	and hour	and fro	am the
	causes stated abave	e, (l) (we) (did) (did	nat) view the b	ady after d	eath.	.,, (,						
	22b. SIGNATURE	111000	-10-		. 777.110	410		57455		TE SIGNED		
L	* <u>L</u>	7 7	123-	DEGR	EE PHYS	NG DI	ED. IRECTOR	STAFF D	2,	/7/69		
L	22d. PHYSICIAN S		he n		22e. AD	DRESS						
	NAME (Type) Alber	rto Gonzale	z , M.D.		Cr	ownsvil	le S	State Hosp	ital	, Mary	Land	1
230	BUR AL, CREMATION, / 23b.	DATE	23c. NAME OF C	EMETERY ØR	CREMATORY		23d. 1	QCATION (City or Town)	(County)	(Stote	2)
	REMOVAL (Spec Ry)	110/1969	SACRE	31.	ARTO	Jrsis	1 6	SALT' M	NR	E.	m	7
24	FUNERAL DIRECTOR	11-1-1-1	ADDRESS	- 11 h		25a. REC'D BY	Y REGIST	IRAR 2Sb REGIS	TRAR'S S	GNATURE .	77	All and a
1	Zvmila Lk	MATADAM	sk123	525 6	LEFT	DATER	1 0	1969	reme!	An Verst	A.R.	
1/1	(1/// (// / / / / / / / / / / / / / /	MULUISUW.	1/1/97	-10/		DATE D	J. V	1000				Pr-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTIEICATE OF DEATH

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I. DECEASED-NAME (Type at print)	First		Middle			Last		1	a. DATE OF					2b H0	OURA,
	Charle	-	Theodor	0	PLAW				Feb	ruary		1989	5	3:1	O N
3. SEX		4. RACE				S. DATE OF				6. AGE (In	yeors [MONTHS C		HOURS 1	4 HRS M N
Male			White			March					YRS.	moisting C	, A. J		Mr 14
70 BIRTHPLACE (Stote country) Marror			WHAT COUNTRY?			NEVER M		9. 0	COUNTY OF	DEATH					
Tracks y		U.S			AIDOMED [ORCED			Arund					Md
10 CITY OR TOWN OF Annapol:		g.vi	NAME OF HOSPITA e street address) ine Arun				dur			(Kind of wo life, even if		126 KINI INDUSTR		JSINESS C	R
13a. USUAL RESIDENC	(Where decease	d rived, of instit	ution Residence	before 13	CITY OR			CITY LIMITS?	13e ST	REET AND NU	JMBER	1	ieu	<u> </u>	
odmission) STATE	and	13b. COUNTY	rundel	Α	rnole	1	YES	NOX	E 800	9 Rive	rviev	r Drii	TA		
14 FATHER S NAME	Pirst	Middle	A. (Plan		MOTHER 5	MAHDEN NA	ME First			M ddle	Y_62_L	<u> </u>	lost	
Yes, na, of miles	VER IN U.S. ARME (If yes give wor	D FORCES? r or dates of service)	16b SOCIAL SE 2120	CURITY NO	ZIZIN	FORMANT	i.e	k.	Re	ewn	Address	a	ln	ıe	
18. CAUSE OF	DEATH (Enter only	One cause per	ling-for (a), (b)	and (c))			7					APF BETW	PROXIMAT EEN ONSE	TE INTERVA. ET AND DEA	līh
PARITUE	ATH WAS CAUSED IMMEDIAT	E CAUSE (a)	July	M	77	<u>ed</u>	2	A							
T X	X	DUE TO, OR	AS A CONSEQUE	NCE OF		1	1_	, - 1	3	. /	_	-		1-	
Canditions, if ai		(b)	Com	zenka	<u>~</u>	Law	1	and	und	Chro	- L	1	w	ule	_
stating the und		DUE TO, OR	AS A CONSEQUE	NCE OF	HT.	1.	10-	- 0	-						
)	(c)	Mem	mercial and a	~	M	many	a	44	u					-
	SIGNIFICANT COND	THONS CONTRIB	UTING TO DEATH	ROT NOT K	ELATED TO	THE TERMIN	AL DISEASE	OR COND	OITION GIVE	N IN PART 1(a)				
190. DATE OF OPE			HICH OPERATION	WAS PERFOR	-	20a. AUI	IK NO		CAUSES	YES, WERE F OF DEATH?			IN CERT	IIFYING	
	WAS UNDERTYING CAUSE OF DEATH			V	21c H0	W INJURY O	CCURRED	(Enter not	ure of intu	ry in Part 1 a	or Port 2, It	tem 18.)			
fif e ther, notify	medical examine	er) P.M		19											
While Not y	1.1224	LACE OF INJURY	(AT HOME FARM, 5 OFFICE BUILDING,	TREET, FACTORY, ETC.) 21f LOC	ATION Str	eet ar RFD), No.	City	ar Tawn		County		Sta	te
22a. I certify	that (i) (XISSE	xiosspitat) of	tended, the d	eceased, f	ram	2/1	6	9.69	_, to	2/	21 19_	69 , t	hat ()) (3 63)	Clast
saw the	deceased ali	ve an	2/6	190'	2, and	that in (r eath.	ny) (our)	apinio	n death c	occurred or	n the dat	e and ho	our an	d from	the
22b SIGNATURE	n Jm	et.	my		DEGRE	ATTEND E PHYS	ING X	MED DIREC	TOR	STAFF PHYS.	22c D	ATE SIGNED	22	191	/ 0
22d. PHYSICIAN' NAME (Type	Ray M.	Smith,	M. D.			22e. AD Hah		fBlo	lg., S	Severn	a Par	k, Mo	1.		
230 BURAL CREMATI	8N ~ 23b D8			INE OF CEAN	TERY OR O	REMATORY	em	23		in (City or Ta		(County)		(state)	
24 FUNERAL DIRECTO	2 11	11	A	DDRESS		121	25a. 250	PAY 2	GISTRAR 10	2Sb RE	GISTRAR'S	SIGNATURE		10	

and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and in any event, within 72 hours campletely filled in b TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicings and director, page 3 should be detached far use as the burial-transit permit. Then blasse rem should be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in a Page 4 may be retained by the haspital ar attending physician.

death



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01897 CEDTICICATE OF DEATH

	01905	h		(ERTIF	ICATE OF	DEATH		,			0189	7
	EASED-NAME	First		Middle		Last		2a.	DATE OF				26 HOUR
(141	pe or print)	Luth	er	C.		Porter	Jr.			Month 2	10 Day	69 69	11:30
3. SEX			. RACE			S. DATE OF I				6. AGE (In year	rs	IF UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS HOURS MIN
	Male		Whi	ite		2/2	23/34			last birthday	YRS	MUNITS DATS	HOURS MIN
a. Bil	RTHPLACE (State or far	eign 7b.	CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MA	RRIED X	9. COL	UNTY OF	DEATH			
	n <u>[ennessee</u>		US		WIDOWE		ORCED 🗍	A	nne .	Arunde1			H
O CIT	Y OR TOWN OF DEATH			ME OF HOSPITAL OR INS	TITUTION (f nat in haspital				(Kind of work		126 KIND OF	BUSINESS OR
(Crownsvill	e		treet oddress) rownsville	Stat	e Hospi	ital	most of	working l	ife, even if ret	ired }	INDUSTRY	
l3e U	SUAL RESIDENCE (When	e deceased li	ved, if instituta	on. Residence before			13d. INSIDE CITY	r LIMITS?	13e. STR	EET AND NUME	ER		
	sion) STATE	1	Balta		Bal	timore	YES	NO 🗌	.27	7_Dalla	as C	ourt	
	THER S NAME Firs		Middle	Last		IS. MOTHERS A	AAIDEN NAME	First			ldle		Last
		Luthe	10	Port	0.36			Ru	h.,			Brown	
	WAS DECEASED EVER IN	US ARMED	ORCES?	16b. SOCIAL SECURITY N		7 INFORMANT		Ru	Dy_	Add	ress	DLOWI	
	2, 110, 01 011211011117	If yes give wor or s	lates of service)	unknown	1	lospital	LRecor	ds.	Crow	nsville	. M:	arvland	1
	R CAUSE OF DEATH	Enter only or	ne (nuse per lin	e far (a), (b), and (c))								APPROXI	MATE INTERVAL
- [PART I. DEATH WA	S CAUSED BY				infarct	tion					BEIWEEN	NSET AND DEATH
	11119	IMMEDIATE C				211101							-
	Canditions, if any while	ch aave)		S A CONSEQUENCE OF	celus	rion o			_				
r	ise ta immediate cau	se (o),	(b)	Coronary o	CCTU	, (:	ronary	z thr	ombo	sis			
	stating the underlying couse last.												
- 1-		ANT CONDITI	ONS CONTRIBUT	ING TO DEATH BUT NO	T PELATED	TO THE TERMIN	AL DISEASE OF	PCONDITI	ION GIVEN	IN PART 1/o)			
- 1	THE Z. OTHER SIGNIFIC	LATT CONDITION	OILS COLLINION	THE TELEPHONE	T KEERIED	TO THE TERMINA	HE DISCHOE OF	(COMPT)	1011 01141	in tractito,			
CERTIFICATION	9a. DATE OF OPERATION	19b. CONI	OITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUT	OPSY?		20b. IF	YES, WERE FINE	INGS CO	NSIDERED IN C	RTIFYING
E S						YES	7. №Г	7	CAUSES	OF DEATH?			
3	lo. ACCIDENT WAS U	IDERLYING	21b. TIME OF	INJURY	21c	HOW INJURY OF			e of miur	v in Part 1 or F	Port 2. It	em 18.)	
3	OR CONTR BUTING CA		HOUR A.M.	Month Day Year						,	,		
≅ F	If either, notify medice 21d. INJURY OCCURRED	21a PLAC	P.M.	AT HOME FARM, STREET FACT	ORY.) 216	LOCATION See	ant or DED A	do.	City	or Town		County	State
	While Not while twork	ן ביי ייטיי	L OI INDOKT	AT HOME FARM, STREET FACT OFFICE BUILDING, ETC	7 211	LUCKITON SIII	SELOI K.P.D. P	10.	City	OI TOWII		County	21019
0	twork at work	(I) (Abia b	معمر المناسم	nded the decease	al france	127	31 10	69	ta	2/10	1.0	69_, that	10. 1
- 1	saw the dece	avila heza	asbuai) ane	2/10 11	9.69.6	and that in (c	ny) (aur) a	oinian	death a	ccurred an t	_, 17_ he dat	e and haur	nnd fram th
	causes stated	gboye,(I)	(we) (did) ((did nat) view the l	ady afte	er death.	.,,, (00,, 0	pilitali	avaiii a	ccorred dire	ne da	c dila tidoi	and month
7	22b. SIGNATURE	1111	9	1.			INC	MED		CTAFF		ATE SIGNED	
	C1	70	7211	(L)	DE	GREE PHYS.	ING	MED. DIRECTO	R 🗆	STAFF PHYS.	2/	10/69	
2	22d. PHYSICIAN'S		0 1	1		22e, AD	DRESS	110	Ctat	e Hosp	i to 1	Mariz	l and
	NAME (Type)	herto	Conzal	ez, M.D.		CIT	JWITS AT					, rary	Lanu
23 a. l	BURIAL, CREMATION,	23b. DATE		23c NAME OF C	EMETERY	OR CREMATORY		23d	LOCATIO	N (City or Tawr	1)	(County)	(State)
	BANAT(B.Lild)	2-13	-1969	Prospec	t Hi	11 Ceme	terv	T	OW SO	n, Mary	land	d	
	UNERAL DIRECTOR			ADDRESS			2So REC'D	BY REGI		2Sb. REGIS			
Wm	. Cook-Bro	ooks T	owson	1050 York	Rd, 2	1204	DATE F	EB_1	13 1	1969 /	die	wer y	adala.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 flours offer fleath. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV



20. DATE OF DEATH

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2b. HOUR

DECEASED-NAME and 2 death. requires that the death certificate-be executed within 24 hours after death filled in by the funeral hin 72 hours after 3 SEX country)

physician and completely en please gerhave carban and in any event, remaval signed by the attending phy burial-transit permit. Then Б crematian, prior to l use as the of Health ğ be detached

attending TO FUNERAL DIRECTOR: After this certificate has been be retained by the haspital ar shaufd filed with director, page should be filed 70 HOSPITAL Page 4 may b

TENDING

Male odmission) STATE 14 FATHER'S NAME

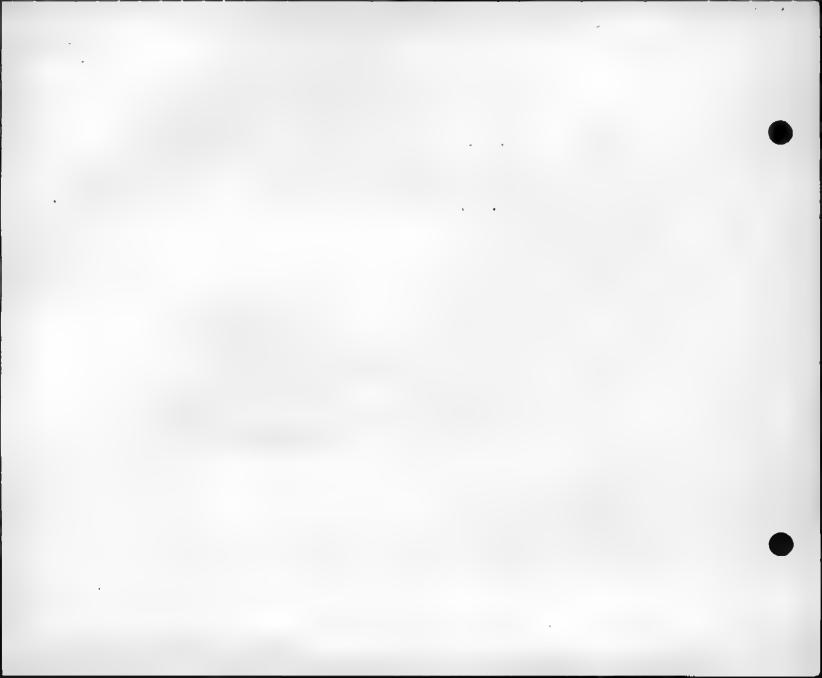
24. FUNERAL DIRECTOR

(Type or print) John A Posko Month 28 Day 6 Feor 5:30p 4. RACE S DATE OF BIRTH TE UNDER 1 YEAR AGE (In years) IF UNDER 24 HRS. White last birthday) 5-30-02 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [Mary and U.S.A. WIDOWED TX Anne Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. K ND OF BUSINESS OR give street oddress) Arundel Hospital during most of working life, even if retired) INDUSTRY Glen Burnie 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b COUNTY Hero NO 👙 d Harbor Rd. Marvland Crownsvi 17 Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH Failure PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) r'se to 'mmed'ote couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19n. DATE OF OPERATION 19b CONDITION FOR WHIGH OPERATION WAS PERFORMED COL AUTOPS 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES 🗔 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF BEAT HOUR A.M. Month Doy Year P.M (If either, nately medical examinar 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. 21e PLACE OF INJURY County State City or Town While hat while of wark 20 certify that (i) (this hospital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the w the deceased slive on chuses stated above, (I) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. PHYSICIAN S 22d 22e ADDRESS 106 230 BURIAL, CREMAT ON 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL (Specify) SACRED HEART OF MARY BALTIMORE.MARYLAND 3-4-I969

ADDRESS

WALTER DABROWSKI 1005 DUNDALK AVENUE

VR ATS 30M REV



CERTIFICATE OF DEATH 04007 2b HOUR Last 1. DECEASED NAME 2g DATE OF DEATH First Middle (Type or print) Preston 69 John Murry FEB 2155 M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS last biethday) MONTHS HOURS 21 JULY 1901 Male Caucasion 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Melrose Minnesota United States Annarrundal WIDOWED [DIVORCED [7] ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) US Kimbrough Army Hospital during most of working life, even if retired) Steam Engineer State Gov't Ft Geo G. Meade, Md. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY DMITS? admission) STATE 13b. COUNTY YES TO NO [1631 Walter Drive Annarundal Fort Meade 14. FATHER S NAME First Middle lost IS MOTHER'S MAIDEN NAME First Middle Last La'Forige) Owen Andrew Preston Elinor Preston 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? DRIVITAL SECTION AND 17 INFORMANT Address Yes, no. ar unknown) (If yes give war or dates of service) (son) Terry Preston 1631 Walter Dr. FGGM, M 517-09-6324 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Aspiration pneumonia 1 day DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove t (b) Myocardial infarction 6 days rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 30 days () Arteriosclerotic Cardiovascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 2Da AUTOPSY? CAUSES OF DEATH? 14 FEB 69 Tracheotomy-Aspiration NO 🗀 YES K 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INBURY OCCURRED State City or Town County While Not while at work 22a 1 certify that (# (this haspital) attended the deceased from 15 FEB, 19 69, ta 15 FEB , 19 69, ta 15 FEB , 19 69, and that in (my) (our) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS DEGREE 16 FEB 1969 PHYS 22a. ADDRESS 22d. PHYSICIAN' NAME (Type) ALAN LUBIN CPT. 1812 Metzecott Rd. Hvattsville Md. 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL CREMATION REMOVAL (Specify) Cushing, Minnesota Feb.21.1969 Bethany Lutheran Cem. Howard Home of Hill 2008 Sumbia Pike Harry H. Witzke 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ocharles

VR A15 (4) 30M REV 1/68

director, page 3 should should be filed with the

and 2 death.

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event.

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signed by the attending pry buriol-transit permit. Then buriol, cremotion, or removal

After, this certificate has been be detached for use as the State Dept, of Health prior to

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physician.

attending

by the hospital or

U FUNERAL DIRECTUR: After, be retained

TO HOSPITAL Poge 4 may t

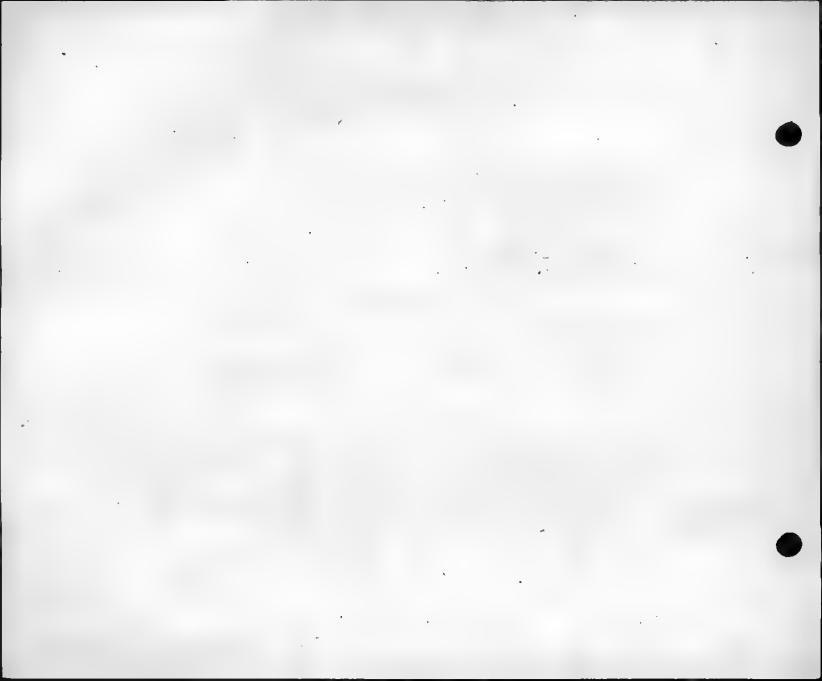
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completely filled-in by the funeral

requires that the death certificate be executed within 24 hours ofter death.



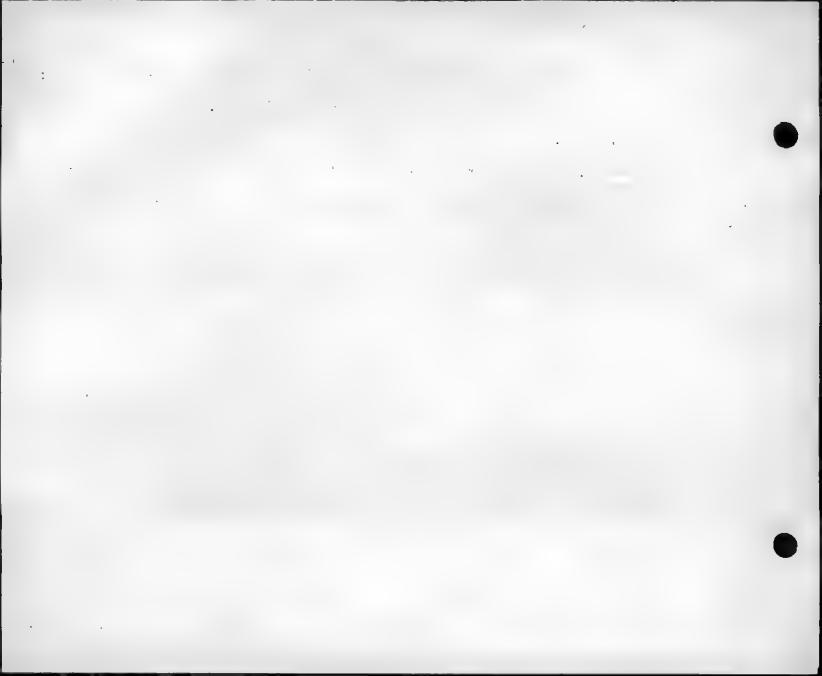
71 12/		tem6 Film Glog MARYLAND STATE DEPARTMENT OF HEALTH /20/69 Lt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	2,	/20/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1900
HEALTH DEPT.5		DECEASED NAME 1 Prist Middle Cost 20 DATE KNOWN Month Do	y Yeof 2b HOUR
\$ 50 m		(Type or Print) Learn Acted 2 19	4 169 AM
y deloy	3 5	M C 12-10-15 BLGSRS MONTHS DAYS HOURS MIN Month > Day , 4	Year 1969 A M
18: 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9. COUNTY OF DEATH ONLY DIVORCED DIVORCED DIVORCED ANNE ARUNG L.	County Md.
w w de		CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (f not in hospital lize USUAL OCCUPATION (Kind of work done 12b during most of working life, even if retired) IND SURVICE OFFICE OF TOWN OF DEATH INDICATOR OF HOSPITAL OR INSTITUTION (f not in hospital during most of working life, even if retired) IND NSA GOVT FT MEAD	KIND OF BUSINESS OR OUSTRY
d		USUAL RESIDENCE (Where deceased lived, if institution Residence before Severna Severna NESDE CITY UNITS? MARY AT UNIT Arundel Severna YES NO X 8TE 3 Box 26	
hours Item 19 Office I and 2	14 :	FATHER'S WAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 niner's niner's poges 1 hours o	1/2	Phillip Randall Julia Chaney WAS DECEASED EVER IN U.S. ARMED FORCES?	
	(1	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 1 (10-10-10-10-10-10-10-10-10-10-10-10-10-1	
cuted ing'' i dical dical withiu		18 CAUSE OF DEATH (Enter only one couse per ting for (o), (b) and (c)) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (p) MEDIATE CAUSE (p)	APPROXIMATE INTERVAL DOMEN ONSET AND DEATH
Me di tra		DUE TO, OR AS A CONSEQUENCE OF	
should be e e word "per the Chief I uniol-transit in ony ever		rise to immediate couse (o), Stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
verificate writing the rwarded to seed as a load on novel, and	29	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
0 2 2 7	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO.
Th iffica if be	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M PM. 19 210 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item PM. 19	18 }
EXAMINER: cute the certifuge 4 should your files. Page 3 should tremation, I, cremation,	MEE		County State
		220. I certify that I)took charge of the remains described above, held on Autopsy Inspection Inquiry	ond in my opinion
please e please e I director retained DIRECT		deoth resolted from Noturol couses M. Accident M., Suicide M., Homicide M., Undetermined monner]
		ACTUAL SIGNATURE LEVEL SIGNATURE LEVEL SIGNATURE LEVEL 226. DATE SIGN	
		EXAMINER'S DEPUTY MEDICAL EXAMINER \(\frac{2}{2} - 14	1-69
O DEPU necesso the fun 5 may O FUNE Health	230	NAME (Type) ADDRESS (Street, city, fown, or county) BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (Co	ounty) (State)
F	L.	Burial 2-19-69 Baltimore Nat'l Cem Baltimore, Mar	yland
VR A15ME (5)	24 M	FUNERAL DIRECTOR DYETT FUNERAL HOME, Balto. Md. DATE FEB 17 1989 PREGISTRAR SIGN	
10M REV 1/68		Institute 1900	1 0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01961 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2n. DATE OF DEATH 2b. HOUR by the ottending physicion and completely filled in by the funeral transit permit. Then please remove corbon papers. Pages & ond 2 cremation, or removal, and in any event, within 72 hours after death. PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death (Type or print) February Day 196 yar Mary E. RICE : 40P N 4 RACE Cauc. IF UNDER 24 HRS. DATE OF BIRTH 6. AGE (In years LE LINDER 1 YEAR Temale 1909 closy birthday) 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Anne Arundel country) Maryland U. S. DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street oddress) NA 12a USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR duping most of working life, even if retired) Mayo 13e STREET AND NUMBER 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIM TS? odmission) STATE Maryland 13h falle Arundel Mayo NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost BECCA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown). APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART | DEATH WAS CAUSED BY Inanition
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH burial-transit permit. year DUE TO, OR AS A CONSEQUENCE OF Metastatic carcinoid syndrome -Conditions, if any, which gove) rise to immediate cause (a), O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses for use as the b 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 1966 Carcinoid, small intestine CAUSES OF DEATH? NO POX YES 🖂 210, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) be detached 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while at work 22a. I certify that (1) (this hospital) ottended the deceased from June 22 , 1967, to Fob 4 , 1969, that (1) (we) last sow the deceased alive on January 10 1969, and that in (my) (308) opinion death occurred on the date and hour and from the 3 shauld director, page 3 shauld should be filed with the 22c. DATE S GNED 22b SIGNATURE MED DIRECTOR February 4,1969 DEGREE PHYS 22e. ADDRESS 22d, PHYSICIAN S NAME (Type) Charles . Kinzer, M. 16 Murray Avenue, Annapolis, Md. 21401 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE 2So REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) X/ 30M REV 1/68



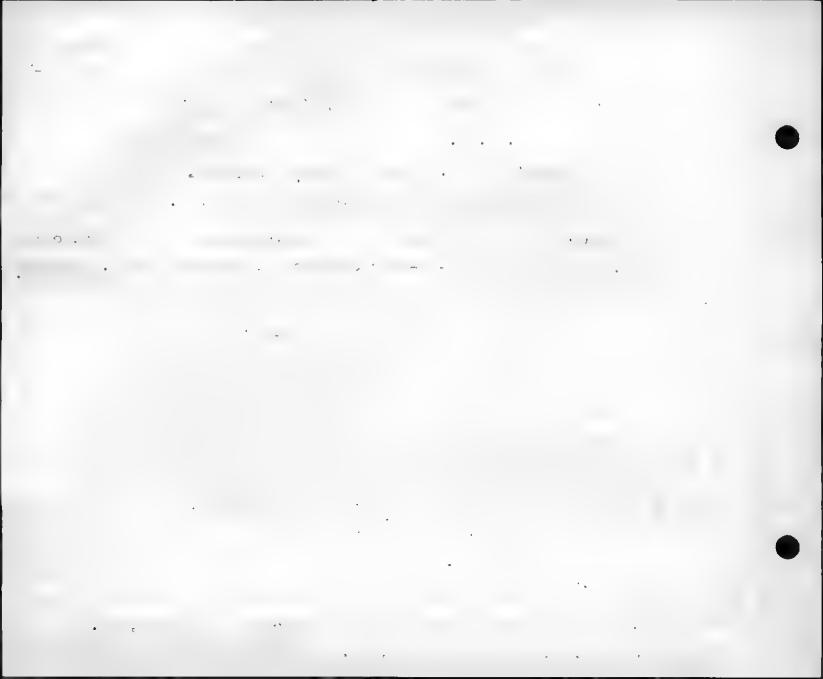
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01902 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a DATE OF DEATH death. 2b. HOUR P law requires that the death certificate be executed within 24 hours after death uneral (Type or print) OBERTSON Sigurd :30 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS last bythday) White Male September 76 ,1893. 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED IN NEVER MARRIED country 0s10, Norway. campletely filled in ve/carban paper: Anne Arundel County WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dering mast of ware ap Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d HISIDE CITY LIMITS? Maryland 3b COUNTY Anne Arunde YES NO 🗌 Annapolis 736 Rosedale Street dny 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Last burial, crematian, ar remayal, and ia signed by the attending physician burial-transit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IZ_INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which gave) rse to immed ofe cause (o) | Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause STUER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 has been director, page 3 should be detached for use as the should be filed with the State Dept. at Health prior to 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🔀 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this hospital) extended the deceased from 1900 and that cayles stated abave, (I) (we) (did) (did not) view the bady after death. 1960, and that in (my) (our) opinion death accurred on the date and haur and from the 22b. JIGNAFURE DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) BURIAL, CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY **VR A15**



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fer s 1 ter	3. 5		4 RACE			S DATE OF BIRTH		6. AGE (in years	F UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MAIN
rs a	ㄴ	Female	Cauc.			May 24, 1	XXXX 1	6. AGE (in years last birthday)	MUNITES DATS	HOURS MAIN
yd I by	70	BIRTHPEACE (State or foreign ntry)	76. CITIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUN	TY OF DEATH		
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OR ATTENDING FINYSICEN: The low requires that the death certificate be executed within 24 hours after death be retoined by the haspital or attending physicion. NRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral e 3 should be detached for use as the buriol-tronsit permit. Then tale to prove corbon papers. Pages 1 and 2 ad with the State Dept. of Health prior to buriol, cremation, or remayal and many event, within 12 hours after death.	10	CITY OR TOWN OF DEATH		OF HOSPITAL OR INS et address)	THUNDITUTE	t in hospital 120	USUAL OCCUP	ATION (Kind of work done	125 KIND OF INDUSTRY	BUSINESS OR
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¥ 255 /	14.	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NA	ME First	Middle		Last
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ficate be executive to the control of the control o	lác	WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (If yes give in	MED_FOR(ES? 16 or or dates all service)	b. SOCIAL SECURITY N		FORMANT		Address		
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e Ha		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	א מע						BETWEEN D	MATE INTERVA. NSET AND DEATH
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fort of Fee		□ OR CONTR BUTING □ CAUSE OF DEAT	HOUR A.M. A	Manth Day Year	21c. HO	W INJURY OCCURRED (tinter nature o	f injury in Port 1 or Port 2,	Item 18.)	
SSIC uspit rectiling	MEDICAL	(If either, notify medical examinated N.JRY OCCURRED 21e.	ner) P.M.	HOME FARM CIRET FAC	DPY 1 016 106	ATION C. I BED				
e ho tack		While Not while at work	PLACE OF INSURT	THE BUILDING, ETC) 211 LOC	ATION Street or R F D	NO	City or Town	County	State
at a general de la general de		220 sertify that (1) (4h)	a-bonnitall attand	ad the dereses	d from Ta	od 1	0.40 +	Palana 300	40 Al-4	(1) (
Affrage Street		22o. I certify that (1) (1) saw the deceased a causes stated above	ive on Februa	rv 13 1	69_, and	that in (mv) (mor)	abinion de	ath occurred on the di	ate and hour ((I) (Wex a
Se li en la companya de la companya		causes stated above	, (I) (5008) (did) (de	view the b	ady after d	eoth.		attroction of the the	are and mapri	ynd noni n
WE BE BE		22b SiGNATURE	1. 1.N.			.775.00.000	MED.	220	DATE SIGNED	
DIR DE		_ coa	Le Nogen	7/-	DEGRE	E PHYS.	DIRECTOR	PHYS Fe	bruary	14,1969
TAI Do Po		22d. PHYSICIAN S NAME (Type) C1	7.7 75.4	/		22e. ADDRESS			37.1 04	1.04
TO HOSPITAL OR ATTENDING FIRYSICEN: The low requires the Page 4 may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creasingly.	-	NAME (Type) Charle:		r, M, D.				Annapolis,	Md. 21	401
E G G G G G G G G G G G G G G G G G G G	230	BURIAL, CREMATION, 23b (23c NAME OF C				OCATION (City or Town)	(County)	(State)
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01912 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0190 20. DATE OF DEATH Middle Lost 1. DECEASED-NAME First 2b HOUR sly filled in by the funeral con papers 'Pages' and 2 within 72 hours after death. PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Month 23 Doy 1969 (Type or print) 8-A M LILLIAN MARY RUSSELL kampletely filled in by the run 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JNDER 24 HRS 3. SEX 9/9/1885 White Female 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [Maryland U.S.A. Anne Arundel WIDOWED X DIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Linthicum Heights 215 Ness Hammonds Ferry Housewife physician and tampletely finen please remove carbon signed by the attending physician and complete burial-transit permit. Then please remove cart burial, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM TS? odmission) STATE Marvland 13h Anne Arundel Linthicum YES 🗔 NO SC 215 N. Hammonds Ferry Ro 15. MOTHER S MAIDEN NAME First 14. FATHER'S NAME Last Catherine Connelly Philip. Weber 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) 506 S. Hammonds 213-50-1066 Clarence R. Russell 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if ony, which gove) rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been stached for use as the Dept. of Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO [Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 22-27, 1968, to 223, 1969, that (I) (we) lost sow the deceased alive on 2-11 (44, and that in (my) (per) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did net) view the body after death. director, page 3 should should be filed with the 22b SIGNATURE 22c DATE SIGNED DEGREE 220. ADDRESS 3915 HOLLING FERRY 22d. PHYSICIAN'S SORONGON NAME (Type) 23a BUR, AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUTIAL New Cathedral Cemetery Baltimore, Md. 2/26/1969 ADDRESS 24 FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md. 30M REV

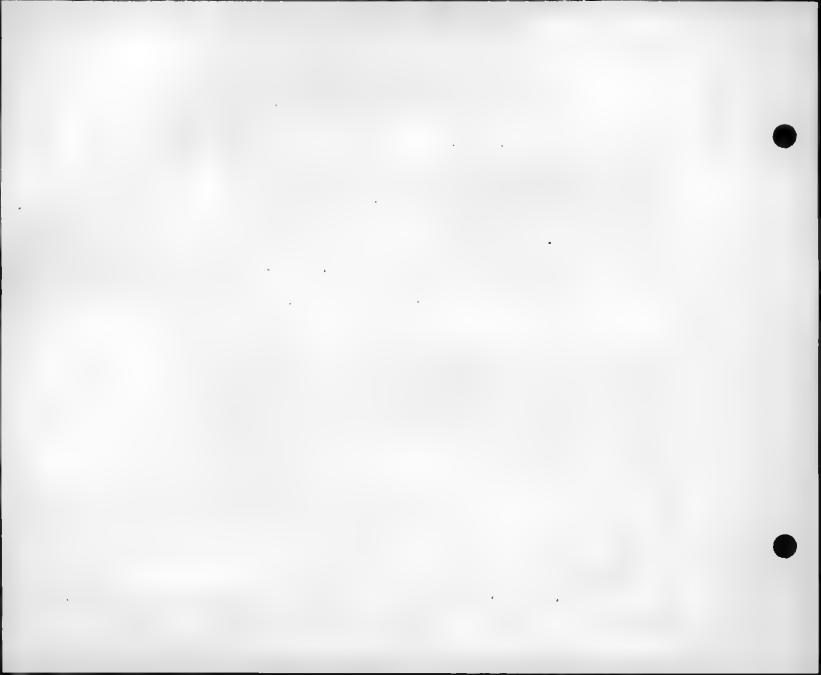


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01913 CERTIFICATE OF DEATH 01905 1. DECEASED NAME First. 2a. DATE OF DEATH 2b. HOUR be executed within 24 hours after death. (Type or print) and campletely filled in by the funeral remaye carban papers. Pages 1 and lease remave carban papers. Pages 1 and in any event, within 72 mours after 3. SEX 4. RACE S DATE OF BIRTH AGE (In year IF UNDER I YEAR F JNOER 24 HRS DAYS HOURS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED A 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY YES 14. FATHER'S NAME First Last MOTHER'S MAIDEN NAME First Lost please the attending physician sit permit. Then please certificote 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (III yes give war or dates of service) burial, crematian, ar removal, ITH SEVERNA PARK MA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY manires that the dear IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit tise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to L O FUNERAL DIRECTOR: After this certificate has been ‡ FicaTIO 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES [7] NO T by the haspital ar 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) detached Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town OFFICE BUILDING ETC. White Not while at wark 220. I certify that (1) (this haspital) attended the deceased from 7-22, 1966, to 7-25, 1969, that (1) (we) lost saw the deceased alive an 7-27, 1967, and that in (my) (our) opinion death occurred on the date and hour and from the be retained , page 3 shauld be filed with the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS TO HOSPITAL Page 4 may t 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) director, shauld b _BUR AL, CREMATION 23b DATE LOCATION (City or Town) (State) (County) 20 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01906 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20. DATE OF DEATH 2b. HOUR haurs after death law requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages I and (Type or print) CHRISTOPHER 4 3 SEX 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS HDURS WHITE 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED innesota WIDOWED Z DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR g ve street address)
NOCH ACUNA during most of working life, even if retired) Sheet Metal 130 USLA: RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMPES? 3e STREET AND NUMBER 2124 &b COUNTY PALTIMORE YES Z 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First апачи ды Lost Gustave Schmidt Dorothia Zinnie 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO 17 INFORMANT Yes, np, or unknown) (If yes give war ar dates of service) crematian, or removal, 388-07-4222 Mildred Daughter) Same S. Glomp APPROX MATE INTERVAL IB. CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if arry, which gave) rise to immediate cause (a). DUE TO, OR A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause burial. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL prior tal TO FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use YES | NO 🗀 of Health 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (II either, notify medical examiner) P.M. directar, page 3 should be detache should be filed with the State Dept. 21d. INJURY O€CURRED (AT HOME FARM, STREET FACTORY.) 21f LOCATION 21e. PLACE OF INJURY Street or R FD. No City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from. 19 [4], and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive on... causes stated above, (1) (we) (did) (did nat) view the body/after death. 22b. SIGNATURE 22c DATE STGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23g BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) Cremati Green Mount Cemetery Baltimore REGISTRAR'S SIGNATURE **ADDRESS** 2Sb VR A15 Seitz 5209 York

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0191501907 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR 24 haurs after death. (Type or print) 28 Day JOHN WESLEY SCHUMAN. SR. 1720 M 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 3 YEAR F JNDER 24 HRS last birthday) MONTHS 16 MAY 1920 ely filled in by the ban papers. Page , within 72 haurs a CAUCASION MALE YRS 70 BiRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED TO NEVER MARRIED WIDOWED [DIVORCED [ANNE ARUNDEL PENNSYLVANIA 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR ed withi give street address) during most of working life, even if retired.) the attending physician and completely to sit permit. Then please remave carban GOV ERNMENT NAVAL HOSPITAL ANNAPOLIS ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY L MITS? 13e STREET AND NIIMBER admission) STATE 13b COUNTY YES T NO LOCKWOOD COURT, ANNA. requires that the death certificate be ≡x≡u MARYLANT 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Last GOTCHALK SCHUMAN ELLA 160 WAS DECEASED EVER IN US ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) 213 LOCKWOOD COURT. MRS. SUE H. SCHUMAN APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH ARTERIOSCLEROTIC HEART DISEASE burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Candit ans if any, which gave) (b) HYPERTENSIVE CARDIOVASCULAR DISEASE bur.al-transit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (d GOLDBLATT KIDNEY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the b Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🔲 be detached for use 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of mjury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) director, page 3 shawd be detache shauld be filed with the State Dept. 21d INJURY OCCURRED (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram..... saw the deceased alive on , and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 22c DATE SIGNED STAFF W 03 MARCH 1969 DIRECTOR PHYS 22d PHYSIC AND 22e. ADDRESS 23d LOCATION (City or Town) BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (State) ARLING-TEN LATICNAL 2So REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 45M 1/69 MAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01908 01916 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost First Middle 20. DATE OF DEATH 2b. HOUR baurs after death. law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and complained filled in by the funeral burial-transit permit. Then please remove carban papers, Pages I and February 26 1969 10:1QA (Type or print) Thelma Simms M. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 1F UNDER 1 YEAR IF UNDER 24 HRS. White June 13, 1908 Female 60 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [U.S.A. Anne Arundel Maryland
10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Plastic give street oddress) during most of working life, even if retired.) Glen Burnie North Arundel Hospital crematian, ar remaval, and in any event, 130 USUAL RESIDENCE (Where deceased lived, f institution: Residence before 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER 186. COUNTY odmission) STATE YES ... NO [Prince George 800 Fairlawn Avenue Maryland Laurel 14. FATHER S NAME IS. MOTHER'S MAIDEN NAME First First Lost Middle Knight King Minnie David 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) (15 yes give wor or dates of service) Ernest Simms, same as APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line, for (o) (8) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(4) by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar to 190. DATE OF OPERATION 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 950 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The NO TO 216 T ME OF 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No 21d. INJURY OCCURRED Stote City or Town County While Not while at work 22a C certify that (LY (this haspital) oftended the deceased from. , and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceased alive on be retained director, page 3 shauld shauld be filed with the causes stated abave (.) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS 22e. ADDRESS PHYSICIAN S 22d. NAME (Type) 325 Hospital Drive Glen Burnie, Md. 23d LOCAT ON (C ty or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230 BLR AL, CREMATION, Burla (Specify) Elkridge, Howard Co. Holy Trinity Church Cem-250 REC'D BY REGISTRAR DATE EB 2 8 19 24 FUNERAL DIRECTOR **ADDRESS** ychanley Judge. Kirkley Funeral Home, Glen Burnie, Md. 1969



- 1	81917		ID STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAL		
	0,2,0,1,5		CERTIFICATE OF DEATH		01909
1. (ECEASED-NAME First Type or print) Slaughter, Ge		Last	20. DATE OF DEATH Feb. Manth 24 Day	2b HOUR
3. 3	Male	4 RACE White	5. DATE OF BIRTH 6-21-04	6. AGE (In years last birthday) 64 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
¢aı	BIRTHPLACE (State or foreign intry) Maryland	76. CITIZEN OF WHAT COUNTRY? U. S.	8. MARRIED MEVER MARRIED MIDOWED DIVORCED	9. COUNTY OF DEATH Anne Arundel, Ma	ryland Md.
<i>j</i>	CITY OR TOWN OF DEATH Glen Burnie	give street address) North Arun	del Hospital during	JAL OCCUPATION (Kind of work dane mast of warking ly Deven if retired.)	126. KIND OF BUSINESS OR HUDUSTRY
odr	mssion) STATE Maryland	ised lived, if institution: Residence before 13b COUNTY Anne Arundel	Valon Surnic VIII		Pasadena, Md.
	FATHER'S NAME EAST	olf Slavy	titu 15 MOTHER'S MAIDEN NAME	2	Fosler
	n. WAS DECEASED EVER IN J.5 AR Yes, na, ar unknown) (1/ yes gwe nknown	MED FORCES? war or dates of service)	NO. 17 INFORMANT.	Address Address .	· Clove
***	PART 1. DEATH WAS CAUSE IMMED Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF CONTRACT	5 hoes		BETWEEN ONST AND CEATH The start of the sta
L CERT.FICATION	2-17-690 210 ACCIDENT WAS UNDERLYI		YES NO.	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH? ter nature of injury in Part 1 or Part 2,	
EDICAL	at work of work	D. PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street ar R.F.D. N	/	County State
	causes stated abov	his haspital) attended the decear alive an	sed from , 19. 19, and that in (my) (aur) a bady after death.		
	22b SIGNATURE 22d. PHYSICIAN'S	alvarg	DEGREE PHYS 22e. ADDRESS A	MED STAFF D 22c.	2-24-69
07	NAME (Type)	S ALUATCE 2	NA.	1221 10643102 (S)	15-4
230	BUR AL, CREMATION, 23b. REMOVAL (Spec fy) FUNERAL DIRECTOR	2 8/69 23c MANE OF	CEMETERY OR CREMATORY 120 Reco	23d LOCATION (City of Temp)	(County) (State)
1	theit of is	Garraner, Sei	rezura Plan DATE	- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	Action Management





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within 24 haurs after Beath.

Truge 4 flay be retained by the haspital of antiquing presention.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

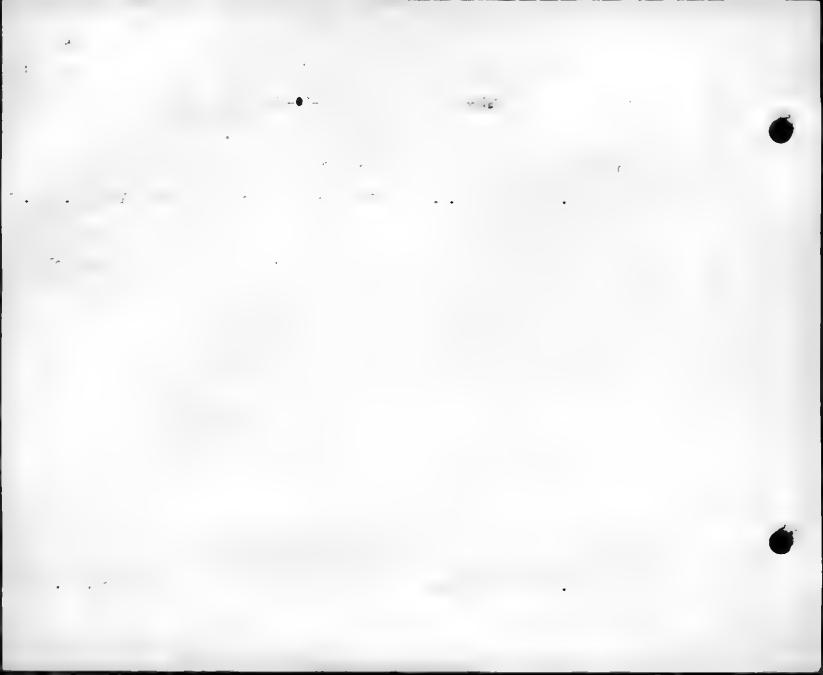
			OTSTS			(CERTIFI	CATE OF	DEATH	·			019	911
Æ			CEASED-NAME	First		Middle		Last		2o. DA	TE OF DEATH	Davis	V	2b. HOUR
6		11	ype or print)	Fr	ank	\bigvee_{i}	S	mith			Month 2/10	Day	45 69	11:45
100		3. SE	Х		4. RACE	•		S. DATE OF E	BIRTH		6. AGE (In year	4	UNDER I YEAR INTHS DAYS	IF UNDER 24 HRS
S G			Male			White		8/2	182_		last butteray)	YRS.	MIH2 NAI2	HUURS IMM.
3		7o. E	BIRTHPLACE (State or 1	areign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIEL	NEVER MA	RRIED	9. COUNT	TY OF DEATH			
HI 7/ HIL		caur	maryland		US		WIDOWE		ORCED 🔲	Anne	e_Arundel			Md
	Ti.	10 (ITY OR TOWN OF DEA		91	NAME OF HOSPITAL OR INS ve street address) Crowns ville	STITUTION (IF	nat in hospital		UAL OCCUPA	ATION (Kind of work of king life, even if reti	red.)	126 KIND OF I	BUSINESS OR
	F F 5	120	Crownsvil		ad lurad of each	tution: Residence before	State	HOSPI	Tat (1 V L	SEPUIC 30 STREET AND NUMBI	اسع	N.	ــــــــــــــــــــــــــــــــــــــ
	‡	odmi	ssion) STATE Maryland	iere deteas	136 COUNTY			polis	h	NO.	215 Taylor		110	
-	1		ATHER S NAME E	irst .	Middle			IS. MOTHER'S N	MAIDEN NAME		Mide			Lost
	1		WIL	Change Contract	1	Smith			В	ertha	KI	101	11154	10
			WAS DECEASED EVER		NED FORCES?	16b. SOCIAL SECURITY I	NO. 17	INFORMANT			Addr	622		
			es, na, ar unknawn)	fir yas give w	OIL OL GOISS OF 25LAICE	unknown_	н	loenita'	1 Reco	rde 1	Crownsv111	a St	ato Ho	coital
2				H (Enter an	ly ane cause per	r line for (a), (b), and (c).)	o o p a a a						MATETINTERVAL MSET AND DEATH
-			PART 1. DEATH '	WAS CAUSEI	BY NTE CAUSE (o)	Schot	ch							
cleanant, or remay			4100	>		R AS A CONSEQUENCE OF								
			Conditions, if ony, which gove) (b) Suprefueleure arthureleure											
			rise to immediate cause (a). stating the underlying couse DUE TO, OR AS A CONSTOUENCE OF											
			last.	ing couse	(c)	17.5.	D.	7.	*					
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(o)												
		-,-	anit	0 1	Pester	die	int	7110	11/2/10	11				
		CERTIFICATION	190. DATE OF OPERAT!	ON 19b.	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?		Ob. IF YES, WERE FIND	INGS CONS	SIDERED IN CE	RTIFYING
	0	IFIC						YES] NO 5	x) C	CAUSES OF DEATH?			
	4,13		210 ACCIDENT WAS	UNDERLYIN	IG 216 TIME	OF INJURY	21c.	HOW INJURY OF			of injury in Part 1 or P	ort 2, Iter	m 18.)	
		MEDICAL	OR CONTRIBUTING (If either, notify med										Ť	
		MED	214 INJURY OCCUPE	ED 210		AT HOME, FARM, STREET, FAM OFFICE BUILDING ETC.		LOCATION Str	eet or R.F.D. N	No.	City or Town		County	Stote
			While Nat while			OFFICE BUILDING ETC.	1				•			
יותים מיתים			22a. I certify th	ot (I) (th	is hospital) a	oftended the decease	ed from	2/1		_69 , to	g 2/10	19 6	9 , that	(I) (we) las
			saw the de	ceased a	live on 2/	ottended the deceos	9.69,0	nd that in (r	ny) (our) a	pinion de	ath accurred on t	he dote	ond haur o	and from the
			couses stat	ed obow	(I) (we) (di	d) (did not) view the	body afte	r death.						
אוממות חב ווובח אוווו ווופ			22b. SIGNATURE	1	Vin	1		ATTEND	ING	MED	STAFF -		TE SIGNED 111/69	
2				\$	7 007	zuels,	_ DE	GREE PHYS		DIRECTOR	☐ PHYS. ☐	21	11/03	
	1		22d. PHYSICIAN'S NAME (Type)			. 6/2		22e. AD		11 0		. 1	37 7	1
1	/		(1,11)2 (1,11)4		cto Onz				ownsvi		tate Hospi			and
		230	BURIAL, CREMATION,	23b.		23c NAME OF	CEMETERY C	IR CREMATORY		230-10	OCATION (City or Town	, ,	(Caunty)	A (State)
2		7.	REMOVAL (Specify)	A 2/2	-13-6	7 DT. STA	HUIS	LHUS_	00 000	TCR I	ANTA MIVE	<u> </u>	ONATHE	IV.
1	01	24.	FUNERAL DIRECTOR	1	ela.	ADDRESS	1. W	112	x 200	BY REGISTR	RAR 256. REGIS 939 .	IKAR S SIC	MATURE	2
EV I	TON I	120	Tray 11. He	7/15	ATURO	muy or	13, 11	(ac	DATÉ -	141	1000			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 81920 CERTIFICATE OF DEATH 01912 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 26. HOUR death. requires that the death certificate be executed within 24 hours after death gnd (Type or print) February cian and completely filled in by the funeral L. Smith Kay 9:45a M papers. Pages I hin 72 haurs after 4 RACE S. DATE OF BIRTH IF JINDER I YEAR IF UNDER 24 HRS 3. SEX 6 AGE (n years last buthday) Female White October 18, 1924 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED 📆 NEVER MARRIED Pennsylvania United States WIDOWED [7] DIVORCED [Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife INDUSTRY give street address) and in any event, wit North Arundel Glen Burnie 130. USLA. RES DENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER 905 Rosedale Avenue 135 COUNTY Anne Arundel Glen Burnie Middle IS MOTHER'S MAIDEN NAME First Wasilko John Sadie Kician 17 INFORMANT AddressGlen Burnie Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Robert F. Smith, Jr., 905 Rosedale Avenue Yes, no, or upknown) crematian, ar remaval, the attending physical sit permit. Then p 193-18-1126 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions if any, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying causes signed t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16) be retained by the haspital or attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO V 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work director, page 3 should should be filed with the 22b. SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR 22d PHYS CIAN'S 22e ADDRESS NAME (Type) Ernest Tolentino North Arundel General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) (Stote) 23a BURIAL, CREMAT ON REMOVAL (Specify)
Burial 2-13-1969 - Glen Haven Memorial Park Ritchie Hwy A. A. Md. 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb REGISTRAR S SIGNATURE VR A15 (III) UCharles Howard H. Hubbard 4107 Wilkens Ave. 21229 30M REV



1121	01921		D STATE DEPARTMENT OF I 301 W. PRESTON STREET, BALT		
	tems5&7 FilmG40		CERTIFICATE OF DEATH		1913
1. 0	DECEASED-NAME First (Type or print) JAM	Middle	Lost SPENCER	2a. DATE OF DEATH 2 Manth 9 Day	Year 69 2b. HOUR
3 9	Male Male	4. RACE	5 DATE OF BIRTH 12-24-81/ 1	6 AGE (In years last birthday) 88 YRS	IF UNDER I YEAR HE UNDER 24 HRS MONTHS DAYS HOURS MIN
car	BIRTHPLACE (State or foreign untry) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 😭 NEVER MARRIED 🗌 WIDOWED 🔲 DIVORCED 🗌	9. COUNTY OF DEATH A. A	A
10.	CITY OR TOWN OF DEATH Glen Burnie	11. NAME OF HOSPITAL OR INS give street address) Nor	STITUTION (If not in haspital the Arundel during m	AL OCCUPATION (Kind of work dane ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (Where decease mission) STATE Md.	ad lived, if institution: Residence before 13b COUNTY A.A.	1		ley Rd., Rt.
14.	FATHERS NAME FIRST	Middle Lost	15 MOTHER'S MAIDEN NAME	First Middle	Lost
	a, WAS DECEASED EVER IN U.S. ARN Yes, na, ar unknawn) (11 yes gwe w	IED FORCES? ar ar dates of service)	NO. 17 INFORMANT Chart	Address Nort	h Arundel
2	Conditions, if any, which gave is a immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) CC 2-CC 2-CC DUE TO, OR AS A CONSEQUENCE OF (c)			BETWEEN ONSET AND DEATH Tyca-2
CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	YES NO		
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Year ner) P.M.	9	er nature of injury in Part 1 or Part 2, ft	
	While at wark	s-hospital) extended the decease ve an	DEGREE PHYS.	inian death accurred on the dat	that (I) (we) lote and haur and fram the
230	NAME (Type) Dr. R BURIAL, CREMAT ON, 235 I REMOVAL (Specify)	andal McLaughlin DATE 230 NAME OF	CEMETERY OR CREMATORY	230 LOCATION (City or Town)	(Caunty) (State)
24	FUNERA DIRECTOR	Les mouleur	250. RECD I	BY REGISTRAR 255. REGISTRAR'S S	SIGNATURE LINGE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01922 01915 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH DECEASED-NAME First 2b. HOUR requires that the death certificate be executed within 24 haurs after death. Month 17 Doy 69 Year (Type or print) Nettec Style# L. 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthdoy) HOURS 7/1/83 Caucasian Female 9. COUNTY OF DEATH 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) and campletely filled in remaye carban papers U.S.A. WIDOWED X DIVORCED [Pennsy. Pasadena / Anne Arundel 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 720 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
HOUSEWORK (FET. Home 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13a INSIDE CITY LUMITS? ATITE Riviera Beach #215 Wanda Road Arundel Middle 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Lost Cook Edward Catherine Campbell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Same As attending physicial pled pled Yes, no, or unknown) Mrs. Grace A. Cook (sister-in-law) signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Atheroscleratic C-V DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse by the haspital ar attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the l Health priar ta b has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAJSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town While Not while of work 22a. I certify that (I) (this-hospital) attended the deceased from 7, 1965, ta 2, 11, 1967, that (I) (week) last care the deceased alive an Dec 1968, and that in (my) (week) apinion death accurred an the date and haur and from the be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) (milital) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS. DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. C. Earl Hill, M. D. 395 Ft. Smallwood Rd., Pasadena, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, Cremation 1969 Loudon Park Cemeterv Saltimore. Maryland Singleton Funeral Home Glen Burnie, Maryland 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FLIMERAL DIRECTOR Florent on Greeken 30M REV DATEFR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01915 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b HOJR remave corban papers. Pages 1 and 2 n any event, within 72 hours after death ond ; (Type or print) physician and completely filled in by the funeral en please remave corban papers. Pages 1 and Month ulda 3. SEX 4. RACE 6. AGE (In years F JNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS Whit 11-27-86 102 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED[country) U.S.A DIVORCED [Anne Arundel WIDOWED J nermany NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUA, OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR guring most of working fe even if retired.) give.street oddress) be executed within Colen Burnie onvalescent 130 USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 7916 East End Dr. Orchard Baltimore in any 14 FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First M ddle Unknown Unknown Then please and te 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFÖRMANT Address Yes, na, ar unknown) (if was neve war or dates of service) remayal. St. Margaret St. 18 CAUSE OF DEATH (Enter only one cause per line for (o), ()6), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. 5 IMMEDIATE CAUSE (a The law requires that the deg crematian, DUE TO, OR AS A CONSEQUENCE the Canditians, if any, which gave) burnal-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse burial, a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this certificate has been as the Health priar ta 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO F far use ro Hospital or Attenbing Physician: Page 4 may be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year d. (If either, natify medical examiner) P.M shauld be detached AT HOME FARM STREET FACTORY) with the State Dept. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a I certify that (I) (this haspital) attended the deceased from 19 (%) C that (I) (we) last 19 O fond that in (my (aur) apinian death occurred on the date and hour and from the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING. DEGREE DIRECTOR director, page should be filed PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23o BUR AL, CREMATION 23d LOCATION (City or Town (State) REMOVAL (Specify) Cedar Hill Anne_Arundel_Co. 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR 4001 Ritchie Hgwy. Balto. Mgast George J. Gonce

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01924 CERTIFICATE OF DEATH 01917 1. DECEASED NAME 20 DATE OF DEATH 2b HOUR 24 hours after death. (Type or pant) 3 SEXT OF BIRTH FUNDER IF UNDER 24 HRS AGE (In vears last-bribear) ACHTHOM DAYS HOURS burial-transit permit. Then please remove carbon papers. Pof burial, cremation, or removal, and in a≡y event, within 72 hours 7a BIRTHPLACE AState apploreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 💢 NEVER MARRIED 🗌 WIDOWED DIVORCED [7] 120 USUAL ORCUPATION Kind of work done 10 CHY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION HIS not in hospital 12b KIND OF BUSINESS OR INDESTRY attending physician and compression nermit. Then please remove carbon ed_with 130 JSUAL RESIDENCS (Where deceased lived, if institution-Residence before OR TOWN 13d INSIDE CITY LIMITS? 13b COUNTY PHYSICIAN: The law requires that the death certificate be execut 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First ARMED, FORCES? 16b. SOCIAL SECURITY NO INFORMANT 160 WAS DECEASED EVER IN U.S. Address CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN OWSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if any, which gove) nse ta immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending this certificate has been ed for use as the of Health prior to 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CERTIFICAT CAUSES OF DEATH? NO 🗌 YES 🔲 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical exominer) director, page 3 should be detached should be filed with the State Dept of 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f LOCATION Street or R.F.D. No. City of Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a I certify that (I) (this haspital) attended the deceased franke 19 saw the deceased alive an 2 and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the body after death 22h SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE PHYS 22d PHYSICIAN 22e ADDRESS NAME (Type 230 BURIAL CREMATION 23b DATE 23d LOCAT ON (City or Town) (County) • 2So. REC'D BY REGISTRAR 2Sb.



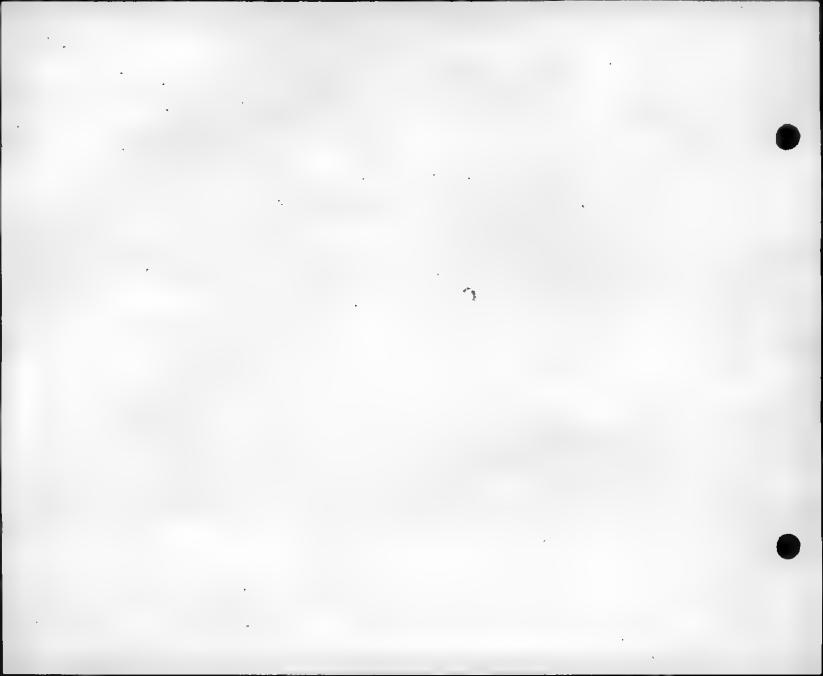
01925 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01918 CERTIFICATE OF DEATH Peburary DECEASED-NAME First Pauline 2b. HOUR THOMPSON 6gear within 24 haurs after death (Type or print) 14 Day DAISY 5.05PM 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years 74 12-28-94 Female White 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH physician and completely filled in by 8 MARRIED [NEVER MARRIED] Maryland Anne Arundel Maryland WIDOWED F DIVORCED [7] event, within 72 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) North Arundel Hospital Hospital Property (Kind of work done give street address) North Arundel Hospital Hospital Property (Kind of work done give street address) 10 CITY OR TOWN OF DEATH
Glen Burnie 126. KIND OF BUSINESS OR INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if Till re 13c CITY OR TOWN 13d HISIDE CITY LIMITS? 13e STREET AND NUMBER adm ssion) STATE 126 COUNT 14 E.B. St. Brunswick, Md. BRUNSWICK YES X ar remayal, and in any IS MOTHER'S MAIDEN NAME FOR Harrison M Middle 14 FATHER'S NAME First Danher George TENDING PHYSICIAN: The law requires that the death certificate by Baltimere, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 21343000917 August C.W.Gibbens I (I yes give wor or dates of service) Yes, no or meown) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)_ BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attent burial-transit permi burial, crematian, a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the property of the page of the as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES 🗀 NO T use 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 흐 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County 22a | certify that (!) (this haspital) attended the deceased fram 1 - 20 - , 1965, ta 2 - 14, 1967, that (!) (we) last saw the deceased alive an 7 - 14 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (!) (we) (did) (did not) view the bady after death. 22b. S.GNATURE 22c DATE SIGNED ATTENDING DEGREE director, page shauld be filed PHYS DIRECTOR 22d PHYSICIAN S Here Bourise 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23g. BURIAL, CREMATION, (County) Refermed Cemetery Knexville, Maryland Brumswick, Md. 250. CELDEN TEGERAR 96925b. REGISTRAR'S, SIGNAJURE 24 FUNERADERE Funeral Heme DATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01926 01919 CERTIFICATE OF DEATH DECEASED NAME Middle First 2o. DATE OF DEATH death 2b HOUR within 24 hours after death funeral 1 and (Type or print) Month Year LIZABETH 0N248 69 3. SEX DATE OF BIRTH 6 AGF (In years IF UNDER 24 HRS. F JNDER I YEAR signed by the attending physiciae and completely filled us-by-the f burial-transit permit. Then please remove carban papers. Bagès burial, crematian, ar remaval, and in any event, within (2 hears afte last birth MOURS SHEINOW 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) NO ETH Bearing and during most of working life, even if retired) 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY REntER Domes
13d. INSIDE CITY LIM TS? 13e. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗶 14 FATHER S NAME Middle Last IS MOTHER'S MAIDEN NAME First M ddle Lost The law requires that the death certificate be 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, orunknown) I (II was give war or dates of service) APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per me for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Canditions, if any, which gave rise to mmediate cause (o), Page 4 may be retained by the hospital ar attending physician. stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 shauld be detached for use as the should be filed with the State Dept of Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES . NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 2+e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while to work 22a. I **certify** that (1) (this hospital) attended the deceased from 100. 7, 1968, to 126. sow the deceased alive on 126. 8, 1962, and that in (my) (our) apinion death occurred __1969, and that in (my) (our) apinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCAT ON (City or Town) (Stote) (County) B REMOVAL (Specify)
24. FUNERAL DIRECTOR NELAWN MEMORIAL NNAPO 43 N WEST



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01927 CERTIFICATE OF DEATH 01920 DECEASED NAME Middle deoth. First 20. DATE OF DEATH 2b. HOUR executed within 24 hours after death (Type or print) and completely filled in by the funeral remove torbon, popers. Pages 1 and HNDD director, page 3 should be detached far use as the buriol-transit permit. Then please remove/carbon, papers. Pages 1 should be filed with the State Dept. of Health priar to buriol, cremation, ar removol, a≡∎ in any event, within 22 hours after 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGF (In years SE UNDER I YEAR NE CONDER 24 HRS lost withardy) ADURS MONTHS 10 YRS. 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY-OF DEATH 8. MARRIED [] NEVER MARRIED [country) WIDOWED IN D:VORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital of work done give street didrets) 12b. KIND OF BUSINESS OR ANDUSTRY. ng life, even if retired) 130 USUAL RESIDENCE (Where deceased hived, if institution Res dence before 43c. CITY OR TOWN, 13d INSIDE CITY LIM TS? odmission) STATE A 13b COUNT 14 FATHER'S NAME First Middle Lost S MOTHER'S MAIDEN NAME First Middle Lost The fow requires that the death certificate be the attending physician of sit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT I Tyes give war or dates of service) Yes, no. or unknown) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter on y one couse per line (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: M Cliam 10 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ifter this certificate has been signed by the be detached for use as the buriol-tronsit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couses lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injuly in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, not'fy medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21a PLACE OF INJURY County City or Town Stote While Not while at work of work O FUNERAL DIRECTOR: After couses stated above (I) (did (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DIRECTOR PHYS FILES 22d PHYSICIAN S NAME (Type) BURIAL, CREMATION 23cf NAME OF CEMETERY OR CREMATORY DATE





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01922 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 26 HOUR (Type or print) Bertha Pindel1 VanHorne February 2:05AM 4 RACE S DATE OF BIRTH IF UNDER & YEAR 6 AGE (In years Female. August 5, 1859 Caucasian 7a. BIRTHPLACE (State or fareign 75. CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Anne Arundel WIDOWED D+VORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR knollwood Nursing Home during most of warking ife, even if retired) INDUSTRY Millersville 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY UM TS? 13b COUNTY ANNAPOLIS NO A BEST IS MOTHER'S MAIDEN NAME First 14 FATHER S NAME Last GREEN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown? Allen S. VANHORNE ANNAPOLIS, Md 219-54-3449T 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c).) BETWEEN ONSET AND GEATH PART 1 DEATH WAS CAUSED BY: Pneumonia - -2 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Heart failure many years rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclerosis many years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Atrial fibrillation, Obesity, Senility, Osteoarthritis, Gout, Migraine 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES ITT NO CO 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 2.e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Whole Not Habile 1 City or Town County State While Nat while at wark 22a. I certify that (I) (this received) attended the deceased from February 8, 1969, to Feb 17, 1969, that (I) (voit last saw the deceased alive an Feb 16, 1969, and that in (my) (Six) opinion death occurred on the date and hour and from the causes stated above, (1) (see violate) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED Feb 17, 1969 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles W. Kinzer, M. D. 16 Murray Wvenue, Annapolis, 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (Stote) HILLCREST ANNAPOLIS 2Sa REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

(O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us

directar, page shauld be filed

Cate be executed within 24 haurs after

The law requires that the death certiff

remaye carban

burial, crematian, ar remaval

signed by the burial-transit

has been



01930

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CKIILI	CAIL OF DI	CAIN		(L	11923	
1. DECEASED-NAME	First		Middle		Last		2a. DATE OF DEATH			2b. HOUR
(Type or print)	AMUEL L	IT HICUM	1 VAUGHI	V			FEBRUARY	lonth Day	Year 1969	0805
3. SEX	4	I. RACE			S DATE OF BIRTH		6 AC	E (In years	IF UNDER I YEAR	IF JINDER 24 HRS.
MALE		CAUCAS	SIAN		18 MAY	1906	62	birthday) YRS	MONTHS DAYS	HOURS MIN
o BIRTHPLACE (State or f	areign 7b	CITIZEN OF WH		8. MARRIED	NEVER MARRIE		COUNTY OF DEAT			
KENTUCKY		U.S.	,	WIDOWED			ANNE ARU	NDET.		Mo
O CITY OR TOWN OF DEA	TH	11. NA	ME OF HOSPITAL OR INS	TITUTION (f		12g USJAL C	CCUPATION (Kind	af wark dane	126 KIND OF	BUSINESS OR
ANNAPOLIS		"	NAVAL H	OSPITA	AL .	U. S.	af wark ng life, e NAV Y	ven if retired)	INDUSTRY	300
13a. USUAL RESIDENCE (W) admission) STATE			an Residence before	13c. CITY O	R TOWN 136	INSIDE CITY EIMITS	13e STREET A	ND NUMBER	-	
MARYLAND		ANNE A	RUNDEL	SEVE	RNA PK YE	S NO 🔀	ROUTE	1 BOX 3	27	
14 FATHER'S NAME F	rst	Middle	Last		S MOTHER'S MAIDE	N NAME First	11 17	Middle		Las!
	THEAM		VAUGI				MMK			
Yes no or inknown)	IN U.S. ARMED F I (fyes give wer or d	ORCES?	16b SOCIAL SECURITY N		INFORMANT		OD E	Address		14-1-4
Yes no ar unknown)	1926 19	946	211 28 10	79	WIFE ///	140K	V 03	1/441	GHN	# 13
18. CAUSE OF DEAT	H (Enter anly an	ie cause per lin	e far (a), (b), and (c).)							AATE INTERVAL HSET AND DEATH
PART I DEATH Y	WAS CAUSED BY. IMMEDIATE CA	AUSE (a)	CONGESTIV	E HE	ART FAILU	RE				
17 . X	4	DUE TO, OR AS	S A CONSEQUENCE OF							
Canditions, if any, w		(b)	CARIDO M	COPATI	HY					
stating the underlyi	ing couse(DUE TO, OR AS	S A CONSEQUENCE OF							
last,)	(c)								
PART 2 OTHER SIGNI	FICANT CONDITIO	ONS <u>CONTR</u> IBUT	ING TO DEATH BUT NO	T RELATED 1	TO THE TERMINAL DA	SEASE OR COND	DITION GIVEN IN P	ART 1(a)		
8										
19a. DATE OF OPERATION 21a. ACCIDENT WAS	ON 196. COND	ITION FOR WHI	CH OPERATION WAS PER	FORMED	20a. AUTOPSY		20b IF YES, V	VERE FINDINGS CO	INSIDERED IN CE	RTIFYING
T T T T T T T T T T T T T T T T T T T	Unio col Mario				YES 🌊	NO 🗆	CAUSES OF DE			
		21b. TIME OF HOUR A.M.	Manth Day Year	21c I	HOW INJURY OCCURR	RED (Enter na	ture of injury in P	art 1 or Part 2, It	tem 18.)	
a (If either, notify med	lical examiner)	P.M.	19							
- ZIU INDUKI UCCOKK	ED 21e. PLAC	E OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC	ORY) 21f L	OCATION Street or	R.F.D. Na.	City or Tax	vn	County	State
While Not while at work		- 0								
22d I certify the	at (I) (this he	aspital) atte	nded the decease	d fram	ad that in /mul /	, 19	_ , †0	, 19_	, that	(1) (we) last
causes stati	ed above, (I)	(we) (did) (did nat) view the b	adv after	death.	ant ahinia	n dealh accuri	ea an the aat	e ana naur a	ind from the
22b. SIGNATURE		V / V						22c. D	AZE SIGNED	. 01
	7-1-1	4-		DEG	REE PHYS.	MED.	TOR STAF		12/10	57
22d PHYS CIAN 2	11	MI)		22e ADDRESS			/		
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23a. BURIA., CREMATION,	23b DATE	.1	23c NAME OF C	EMETERY OF	REMAJORY	23	Bd LOCATION (City		(Caunty)/	(State)
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10 HOSPITAL OR ATTEMBING PHYTICIAIN: The law requies that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or orthending physician

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal

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GARDENS OF FAITH CEM

THE DIPPEL BROSING 1800 FLOIGE DRO ST

IRUMPS MILL RD

25b .. REGISTRAR'S SIGNATURE -

250 REC'D BY REGISTRAR

RAJOMA

REMOVAL (Sparity)

24. FUNERAL DIRECTOR



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate-be executed within 24 hours after death.

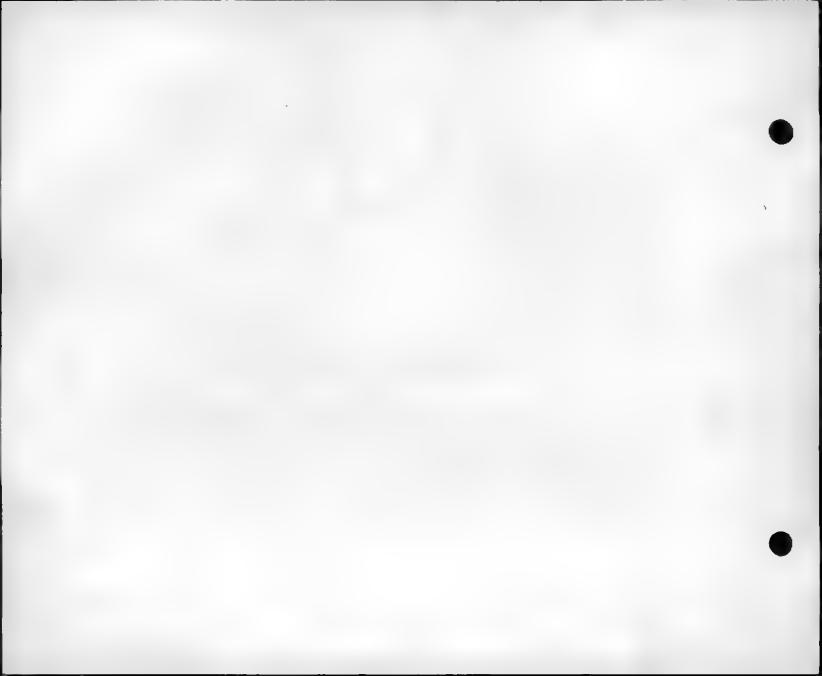
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VR A15 (4)

	81932	DIVISION OF VI	•			TREET, BALT DEATH	IMORE, MA	RYLAND 2120	1 1	thire		
7	DECEASED NAME First		Middle		Last		Za. DATE OF	DEATH	7	23	2b. H	OUR
	(Type or print) George	_		Wall.	-	Walas)		lary Month	Pay	1969		: 31
3	SEX GEOTIVE	4 RACE		O COLL.	S. DATE OF		120020	6 AGE fin years	-	IF UNDER 1 YEAR	IF UNDER 2	
	Male	White				ch 27,	1898	last hythday)	YRS.	DAYS DAYS	HOURS	MIN
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13	Glen Burnie o USUAL RESIDENCE (Where decease				D TOWN	I3d INSIDE CITY II		REET AND NUMBE		U.J.		
	mission) STATE	Millersv		A.	A		1 (1)			n Land	ing :	Rd
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н	PAKT I. DEATH WAS CAUSED 1MMEDIAT	E CAUSE (a)	Leuti M	m re	nous	1 mg	aroll	ou -				
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0746	A TOP				YES [
			JURY Month Day Year		HOW INJURY (CCURRED (Enter	r nature af inju	ry in Part 1 or Po	rt 2, Ite	m 1B.)		
MEDICAL	(If either, notify medi cultexamine	P.M.	19	9								
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	saw the deceased ali	(I) (we) (did) (did	d nat) view the	body after	deoth.	iny) (our) opi	nion deam	occurred on in	e a are	s ana naur c	ina iroi	n in
1	22b SIGNATURE	X 4 ()		/					22c. DA	ATE SIGNED	10	
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23	SO BLRIAL, CREMATION, 23b D.	ATE	23c NAME OF	CEMETERY O	R (REMATORY		23d, LOCATI	ON (City or Town)		(County)	(State)	-
		15/69				emetery		alk, Ma	ryl		,,	
24	ingleton Funeral director RPWG	ie in	ADDRESS	-2 - 54	4	25a. REC'D B	Y REGISTRAR	25b. REGIST	RAR'S SI	GNATURE		
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01933 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01927 CERTIFICATE OF DEATH Item1 Film G109 2/18/69 kk First 1. DECEASED NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR signed by the attending physician and karmyletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after-death within 24 hours after death (Type or print) Feb Month Minnie Webe ster S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years lest birthday) feb 28.1884 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Ma USA As A CO WIDOWED X DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) neda Rd during most of working hife, even if retired) Pasadena 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY UMITS? requires that the death certificate be executed odmission) STATE MA 136 COUNTY AA CO 16 Granada Rd YES 🗀 NO E 14. FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First Lost Mary Ellen Ford Robert Shipley 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, never unknown) Edward Webster Same APPROXIMATE INTERVA TB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (c) BETWEEN DISET AND DEATH Canditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO [YES [far use 21a ACCIDENT WAS UNDERLYING 21b TIME DE INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No City or Town County State While Nat while at work 22b SIGNATURE-22c. DATE SIGNED MED.
DIRECTOR DEGREE 22e. ADDRESS PHYSICIAN'S NAME (Type) 108 Mountain 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a BUR AL, CREMATION, (County) (State) 2/8/69 New Cathedral Cem Balto .Md 25/20/20/20/200 ADDRESS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE THEEB



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 81934 CERTIFICATE OF DEATH Middle Lost DECEASED NAME First 20 DATE OF DEATH 2b HOUR and completely filled in by the funeral remove carban papers. Rages 1 and 2 in any event, within 72 pairs after death. requires that the death certificate be executed within 24 hours after death Air (Type or print) W. Whayland Charles 11:15 1969 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR IF UNDER 24 HRS. OAYS HOURS. lost burthday) 9-30-03 White Male 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED DIVORCED [United Stales Anne, Aminde 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF give street oddress) during most of working life, even if retired) INDUSTRY Glen Burnie North grundel Hospita Education Principa 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. HISIOE CITY LIMITS? 13e. STREET AND NUMBER odmiss on) STATE 13b COUNTY YES 🕁 NO 🗆 nne 15 Murray Evenue arundel Annagolis Maryland 14 FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle signed by the attending physician burial-transit permit. Then please ar remaval, and 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates at service) Yes, no, gr unknown) #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (ο), (b), and (ε) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE O Conditions, Tony, which gove: rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the l i Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) TENDING MHYSICIAM CAUSE OF CEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED AT HOME FARM, STREET, FACTORY 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while to work of work þe 22b SIGNATURE 22c. DATE SIGNED ATTENDING an DEGREE director, page show a show died DIRECTOR PHYS PHYS 22d. PHYS CIAN S 22e. ADDRESS Hos.ital NAME (Type) T. O'Her LIBL'V NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION DATE (County) (\$1ote) REMOVAL (Specify) **ADDRESS** PUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE المرابع المار



22e. ADDRESS

NAME OF CEMETERY OR CREMATORY

310 Crain Highway, S.W. Glen Burnie, Md

(County)

2Sb. REGISTRAR'S SIGNATURE

23d LOCATION (City or Town)

250_REC'D BY_REGISTRAR

2b. HOUR P

9:00 ...

IF JNDER 24 HRS

HOURS

Last

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEAT

Stote

(State)

DAYS

director, should b OM REV. L 22d. PHYSICIAN'S

230 BURIAL, CREMATION, REMOVAL (Specify)

24. EMPERAL DIRECTOR

NAME (Type)

Dr. Alvin Hecker

23b. DATE

e * . .

MARYLAND STATE DEPARTMENT OF HEALTH 01936 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01930 26. HOUR A. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH signed by the attending physician and completely filled in by the faneral burial-transit permit. Then pleose remove carbon papers. Poges, I and 2 buriol, cremotion, or removal, and in any event, within 72 haurs after death. 24 hours ofter death (Type or print) Chester Alden WICKSTROM February 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 1 YEAR Male White Sept. 28, 1907 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED 9. COUNTY OF DEATH New York U.S. WIDOWED [DIVORCED [] Anne Arundel filled i ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 20 USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of warking fe, even if refired) INDUSTRY Annapolis Anne Arundel Gen. Hospital Insurance Agent Insurance 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CTY L.M. TS? 13e STREET AND NUMBER Anne Arundel YES . NO Y Riva rvland 14 FATHER'S NAMI IS. MOTHER'S MAIDEN NAME FIRST Middle Last requires that the death cert ficate be 16g. WAS DECEASED EVER IN L S ARMED FORCES? 17 INFORMANT [[yes give wor or dates of service] Yes, no, or unknown? APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per special (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 10 FUNERAL DIRECTOR: After this certificate has been .9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CALISES OF DEATH? YES T NOXIX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work at work 220. I certify that (I) (this haspital) ottended the deceased from 5 - 6 saw the deceased alive on 1907, and that causes stated above (1) (we) (aid) (gid not view the bady after death. 19.67, and that in (my) (aur) opinion deoth occurred on the date and haur and from the 4 may be retained 226 SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22e. ADDRESS Edward Beck. M.D. Franklin St., Annapolis, Md. 23a_ BUR AL CREMATION 23b. DATE 23c NAME, OF CEMETERY OR CREMATORY 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR



, 1	MARYLAND STATE DEPARTMENT OF HEALTH
COD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME (Type or Print) August Month Day Year 2b HC (Type or Print)
Poge 3 to is	DANDER WITH AMS DEATH MATED - 15 167 15
ny deloy 2, and 3 PM3. Por	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years lost birthday) MONTHS DAYS HOURS MMM. Month 2004, Year 69 12
40	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRY 7 R MARRIED 9 COUNTY OF DEATH
hours after death tem 18. Give Pages 1, Office along with farm and 2 with the State Death.	Country Baltimore Md USA WIDOWED DIVORCED Anne Meundel. Co
24 hours after death in Item 18. Give Pages Office along with fair of 10 hours with the State is offer death.	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
the the	Gra BURNIE DIN-NORTH. HRUNDEL
s after 18. Gi	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY A A COUNTY A C
175 G	AA Gien Burnie 15 19 Chester Circle
hours Item Office lond 2	14. FATHER'S NAME First Middle Lost
Z = X = 2	James P. Williams Marietta Gramley
within 24 pencil in comment te pages 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS [Yes, no, of unknown] (If yes give wor or dates of service)
1 2 E	no James P. Williams, Jr., Same as 13
ol E	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY
executed nd ng in Medical permit permit	IMMED ATE CAUSE (a)
be execut "pending nief Medici unsit perm	OUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove)
L be Chie	rise to immediate cause (a). (b).
should be e ne word "per o the Chief I burial-transit	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sho the to the buril	(f)
s certificate should be executed e, writing the word "pending" in forwarded to the Chief Medicol E used as a burial-transit permit femoval, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
This certific facte, writing be forward do be used as or removal,	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2 Item 18)
This cate, be to be to I be u	YES NO
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INER: The certific should be files. 3 should bottles.	CAUSE OF DEATH P.M. 19
(AMINER: te the certi e 4 should rour files. oge 3 shou cremotion,	21d INLURY OCCURRED 27e. PLACE OF INJURY (At hame, form, street, white Not w
	AT WORK AT WORK
DEPUTY CASICAL E ressory, please exect e funeral director. Po may be reformed for FUNERAL DIRECTOR: solth prior to burial,	22a. I certify that tack charge of the remain described above, held an Autapsy 🔲, Inspection 🔲, Inquiry 🖳 and in my apmi
e e e e e e e e e e e e e e e e e e e	death resulted (rams) Natural causes , Accident , Suicide , Hamicide , Undetermined monner
direction of the state of the s	CHIEF MEDICAL EXAMINER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATESIGNED 9
Ssor whe when y be had	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
TO DEPUTY necessory, it is funeral is may be reformered. TO FUNERAL Health price	NAME (Type) [. LINDAKCT ADDRESS(Street, city, town, or county) A. A. Co.
5 = ± 2 5 ±	23a BURIAL (REMATION REMOVAL (Specify) Burial 17 Feb. 69 Glen Haven Menorial Glen Burnie, AA, Mi.
	REMUTAL DIRECTOR ADDRESS ADD
VR A 15ME (5) D	24. FUNERAL DIRECTOR ADDRESS
10M REV 1/68	The state of the s





CERTIFICATE OF DEATH

01939

1. DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR-(Type or print) Month 3. SEX 6. AGE (In years 4. RACE SETINDER I YEAR IF UNDER 24 HRS lget birthday) MONTHS HOURS -emal 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address) during mast at warking life, even if retired.) INDUSTRY NNAPOLIS PHURPOLIS CONVALESCAN 13e STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY FINNAPOLIS YES NO 🔀 SEVERN GROVE 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Last 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) FEORGE ANNOFOLIS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO [21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from - 4 404 1967, and that in(my) (aur) apinion deoth occurred an the date and hour and from the saw the deceosed alive an 3 EEB causes stated above (1), (we) (did) (did not) view the body after death 22b SIGNATURE 220 DATE-SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 230-BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (County) 3,1969 Cemetery NNAPOLIS ADDRESS 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATUR





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		01941 CERTIFICATE OF DEATH	01935
by the ottending physician and completely filled in by the funeral transit permit. Then please remove carbon papers. Pages and 2 crematian, or removal, and in any event within 72 hours after death	(MARTUANU II FF 127	we thuse
by the Pages ours aft	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and over nearest town) 4 Syrs LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and over nearest town)	give neorest town)
lled in papers.	(d. NAME OF HOSPITAL OR INSTITUTION (Unot in haspital, give street address) d. STREET ADDRESS, 435 Rorte 2	e. IS RESIDENCE ON A FARM? YES NO
orban nt. with		NAME OF DECEASED (Type or print) Albert Talval 4. DATE OF DEATH FEB	8 19 69
d comp move on ony eve		M WIDOWED DIVORCED DIVORCED HIM 18/887 Bost/birthday) Maga	DER I YEAR IF UNDER 2#HRS. Ins Days Haurs Min.
ease re	dyfil	ingrippe votos ile ster hypother 1/1908 Carrochin Chicago III.	COUNTRY? 1.5.
g physi Then pl moval,		FATHER'S NAME Albert Zalud 14. MOTHER'S MAIDEN NAME Castl	0
ottendin ermit. n, or re	IS. (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Jessey 18. 28 9421 A mma Zalud Jessey Jessey 19. 18. 28. 9421 A mma Zalud Jessey 19. 18. 28. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	o, Md.
y the consit poemotia		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPERT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	INTERVAC BETWEEN
pnysician: signed by the burial-tronsit burial, cremot		Conditions, if only, which gave is to immediate cause (a), (b) Arterio scloroter Carsioverel Isan	P
een the rr to		stoting the underlying couse (c) Generalized allow solves	
0 - S-E \/	CERTIFICATION	PART II. OTHER SIGNER AND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
E T P TO	AL CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
a by the host After this ce I be detache State Dept.	MEDICAL	p.m. 17 at wark 🗀 at work	(County) (State)
T T (1)		21. I certify that (I) (this haspital) attended the deceased from	
o de	Q	220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. D 22b. 22c. PHYSICIAN'S	2 - 8-69
roge 4 may be roge 5 director, page 3 should be filed v	230	NAME (Type) JOSE M. YOSUICO JOH GORMAN AVE	LAUREL MD
rage direct shou	Can Can	Enth Person 13811.189 Meadowned Menstark Wessey Howa	(County) (State)
VR A15 (4)	1	Mula Hala During Hand Land Land Mile. FEB 13 1989	and have

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01936 01942 CERTIFICATE OF DEATH Rog. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) BEACH BRUEL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 440 YES NO P 4. DATE OF DEATH NAME OF Middle Day Year DECEASED (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) Months Dovs Hours Min. WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA UMBING LUMBER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ERIOSCLEROTIC CARDIOVASCULAR IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19, WAS AUTOPSY CATION PERFORMED? YES NO IX 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour e. m. Not while at work at work FEB 2 NOU. 21. I certify that I attended the deceased fram and that death occurred at 8:55 A.M., from the causes and on the date stated above. alive on

(Stote)

ACTUAL

DATE SIGNED

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF

2/5/1060

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or lown, state)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Raymond C. Fink

Loudon Park Cemetery

Glen Burnie, Md.

Baltimore. 240. FEB P REGISTRAR 246. REGISTRAR'S SIGNATURE

Maryland

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VS A15 (4) 15M 9/55

TO FUNERAL DI poge 3 should the registror

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